

FILED OCT 15 1953

STANDARD CERTIFICATE OF DEATH

State File No. **33453**  
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8721**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>St. Louis.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital.</b>		e. STREET ADDRESS (If rural, give location) <b>23 2753A Accomac St.</b>	
3. NAME OF DECEASED a. (First) <b>Elmer</b> (Type or Print)		b. (Middle) <b>M.</b>	
c. (Last) <b>Hyer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 3, 1953.</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 22, 1901.</b>	
9. AGE (In years last birthday) Months Days <b>52</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chauffeur</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Greisedieck Bros.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Harry Hyer</b>	
13b. MOTHER'S MAIDEN NAME <b>Annie Forbes</b>		14. NAME OF HUSBAND OR WIFE <b>Sophia Hyer, St. Louis.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>489-05-2405</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Sophia Hyer</b>		ADDRESS <b>2753a Accomac.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a); (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Left Lung</b> ANTECEDENT CAUSES (b) <b>Smoking</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Heart Myocarditis</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Operable Cancer of Lung</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>163, X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Aug 1st, 1953</b> , to <b>Sept 3, 1953</b> , that I last saw the deceased alive on <b>Sept 2, 1953</b> , and that death occurred at <b>8 P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Pres Piley MD</b>		23b. ADDRESS <b>Mo Theater Bldg</b>	
23c. DATE SIGNED <b>Sept 5-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>9-7-1953.</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bathany Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	
DATE REC'D BY LOCAL REG. <b>SEP 8 1953</b>		ADDRESS <b>4700 Washington Blvd</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Robert M. Murray*.....

Licensed Embalmer No. *13749*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.