

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10649

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2284**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.			b. COUNTY											
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis		c. LENGTH OF STAY (in this place) township)		c. CITY OR TOWN St. Louis		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>											
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. City Hospt #2			e. STREET ADDRESS 1213 a Clinton St. 226 1/2														
3. NAME OF DECEASED (Type or Print) John Thomas Dyer			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 3 3 56					
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Feb 3 1936		9. AGE (In years last birthday) 20		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY Cromcraft Corp.				11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Robert T. Dyer Sr.				13b. MOTHER'S MAIDEN NAME Marie Ethier				14. NAME OF HUSBAND OR WIFE -----									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.				16. SOCIAL SECURITY NO. 498-34-8236				17. INFORMANT'S SIGNATURE OR NAME Robert T. Dyer Sr.				ADDRESS 1213 A. Clinton					
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 Internal hemorrhage following (a) bullet wound of the Aorta, suffered when shot with gun in hands of one Police Officer Robert Fodde, when he DUE TO (b) found Deceased bruilizing store at 4201 Athlone Ave., about 3:22 A.M., March 3rd, 1956. DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.															
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.															
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION JUSTIFIABLE HOMICIDE IN THE OFFICIAL PERFORMANCE OF POLICE DUTY.										20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACQUISITION OF DEATH Justifiable Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo				E984x							
21d. TIME OF INJURY Mar 3 56 3:22 A.M.		21e. INJURY OCCURRED WHILE AT WORK 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:26 A.M., from the causes and on the date stated above.																	
23a. SIGNATURE Robert M. Quinn						23b. ADDRESS 1300 Clair				23c. DATE SIGNED 3/5/56							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/6/56		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis Mo.									
DATE REC'D BY LOCAL REG. MAR 5 1956		REGISTRAR'S SIGNATURE J. Carl Smith				25. FUNERAL DIRECTOR'S SIGNATURE Robert D. Kinealy				ADDRESS 2228 St. Louis Ave.							

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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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 *Bill C. Benson*.....

Licensed Embalmer No. *4*.....

P. O. Address *H. Beck*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.