

CITY OF ST. LOUIS, MISSOURI  
BUREAU OF VITAL STATISTICS

No. 89509

Certified Copy of Birth Record

1. PLACE OF BIRTH  
City of St. Louis, Mo. 1924 Hickory St.  
Registration District No. 318 Primary Registration District No. 1003  
2. FULL NAME OF CHILD Rose Lee Dyel

Health Dist. \_\_\_\_\_  
File No. \_\_\_\_\_  
Registered No. 911

3. Sex Female  
4. Twin, triplet or other \_\_\_\_\_  
5. Number, in order of birth \_\_\_\_\_  
6. Premature Full term yes  
7. Legitimate yes  
8. Date of birth January 19 1920 (Month, day, year)

9. Full name FATHER Munroe Dyel

18. Full maiden name MOTHER Catherine Lee

10. Residence (usual place of abode) 1924 Hickory St.  
(If non-resident, give place and State)

19. Residence (usual place of abode) same  
(If non-resident, give place and State)

11. Color or race Ws 12. Age at last birthday 33 (Years)

20. Color or race W 21. Age at last birthday 25 (Years)

13. Birthplace (city or place) Illinois  
(State or country)

22. Birthplace (city or place) Kentucky  
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poultry Driver  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  
16. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_  
17. Total time (years) spent in this work \_\_\_\_\_

OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Hwk.  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  
25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_  
26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother 3  
(At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation { months or weeks } 29. Cause of Stillbirth { Before labor During labor }  
30. Is baby deformed? Nature of deformity? \_\_\_\_\_

What antiseptic was used in the eyes? \_\_\_\_\_

31. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 12:35 a.m. on the date above stated. (Born alive or still birth)

{ \*When there was no attending physician or midwife, then the father, mother, householder, etc., should make this return. }  
(Signature) F. P. McNalley

32. Given name added from supplemental report \_\_\_\_\_  
(Physician or Midwife)  
address Barnes Hospital

33. Filed January 24, 1920

STATE OF MISSOURI }  
CITY OF SAINT LOUIS } ss.

I HEREBY CERTIFY that the above is a true and correct copy of the certificate of birth of Rose Lee Dyel, filed in the office of Vital Statistics, City of St. Louis, State of Missouri, that the above certificate is filed in said office and is a part of the permanent records of the Bureau of Vital Statistics, City of St. Louis, Mo.

WITNESS my hand as Commissioner of Health, Done at the City of Saint Louis, this 14th day of September 1944

Joe Gallogher  
Register

J. G. Bredeck  
Health Commissioner.

Louis Walte  
Comptroller

Per Dorothy Mikus clerk  
(Write full name of clerk)