

Filed AUG 6 1942
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis, Missouri**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **12 Days**
 In this community..... **20yrs.**
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**
 (c) City or town..... **St. Louis** **12 25**
 (If outside city or town limits, write "RURAL")
 (d) Street No..... **Atlanta Hotel, 7th and Market Sts.**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Charles Clarence Dyke**
 (b) If veteran, name war..... **Unknown**
 3. (c) Social Security No. **Unknown**

4. Sex..... **Male** 5. Color or race..... **White**
 6. (a) Single, widowed, married, divorced..... **Single**
 6. (b) Name of husband or wife..... **Single**
 6. (c) Age of husband or wife if alive..... **Single** years
 7. Birth date of deceased..... **December 1, 1861**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	80	7	16 hr. min.

9. Birthplace..... **Michigan**
 (City, town, or county) (State or foreign country)

10. Usual occupation..... **Laborer**

11. Industry or business..... **Unknown**

12. Name..... **John Dykes**

13. Birthplace..... **New York**
 (City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown**

15. Birthplace..... **Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant..... **Anna Morrison**
 (b) Address..... **St. Louis City Hospital.**

17. (a) **BURIAL** (b) Date thereof..... **7-22-42**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **CALVARY**

18. (a) Signature of funeral director..... **Kullen + Kelly**
 (b) Address..... **1416 N. Taylor Ave.**

19. (a) **JUL 22 1942** (b) **J. T. Bredack**
 (Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **July** day..... **17,**
 year..... **1942** hour..... **10:10** minute..... **P.** M.
 21. I hereby certify that I attended the deceased from **July**
6, 19**42** to **July 17,** 19**42**
 that I last saw him alive on **July 17,** 19**42**
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Degenerative Heart Disease**
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy..... **as above.**

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?..... (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? (Specify type of place) () Means of injury.....
 23. Signature..... (M, D, or other) **7/18/42**
 Address..... **1515 Lafayette Avenue.** Date signed.....

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

MOTHER FATHER

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Harry E. Jolley

Licensed Embalmer No. 4078

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 this body is not embalmed, fact should be so stated above.