

No. 2  
1-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8893

FILED MAR 27 1944

State File No. 2445  
Registrar's No.

Registration District No. 18 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
BARNES HOSPITAL 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5225 Lindell Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Carrie Julia Dyke  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 12  
year 1944 hour 4 minute 20 P.M.  
21. I hereby certify that I attended the deceased from  
March 7, 1944, to March 12, 1944  
that I last saw h. ER alive on March 12, 1944  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (g) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mr. A. X. Dyke  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased Oct. 15th 1875  
(Month) (Day) (Year)

Immediate cause of death.....  
Heart block  
Due to Arteriosclerotic heart disease  
Duration 3 yrs.  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
68 4 27 hr. min.

Major findings:  
Of operations.....  
Of autopsy as above - bundle branch block, arteriosclerotic heart disease  
Underline the cause to which death should be charged statistically.

9. Birthplace Washington, Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.....

12. Name Robert English

13. Birthplace unknown So. Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Julia Lowry

15. Birthplace Jackson, Mississippi  
(City, town, or county) (State or foreign country)

16. (a) Informant A. L. Dyke

(b) Address 5225 Lindell Blvd.

17. (a) burial (b) Date thereof 3-14-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons  
(b) Address 7233 Delmar Blvd.

19. MAR 14 1944 (b) J. F. Rouse  
(Date received by Registrar) (Registrar's signature)

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?  
(Specify type of place)  
While at work?..... (e) Means of injury.....  
23. Signature M. C. Adams (M. D. or other)  
Address BARNES HOSPITAL Date signed 3/13/44

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

MOTHER FATHER

Barnes Hospital

2446

2445

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 Clarence H. Murray

Licensed Embalmer No. 46011

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.