

FILED OCT 24 1944

Registration District No. 317

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6-Months
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4378 Forest Park Blvd. 7
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Michael Roy Dyke

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8th.,
year 1944 hour 11 minute 55 a. M.

21. I hereby certify that I attended the deceased from April 29
1944, to Oct 8, 1944
that I last saw h. alive on Oct 8, 1944
and that death occurred on the date and hour stated above.

4. Sex M. 0 5. Color or race W. 0

6. (a) Single, widowed, married, divorced S. 0

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 22nd., 1944
(Month) (Day) (Year)

Immediate cause of death Malnutrition
730

Duration 2 mos

Due to _____

Due to _____

8. AGE: Years Months Days If less than one day

0	6	16	_____ hr. _____ min.
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9. Birthplace St. Louis Mo.)
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

Other conditions Nutritional Anemia 1 mo.
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings:
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Alton W. Dyke

13. Birthplace High Hill Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Ruth V. Green

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Alton W. Dyke

(b) Address 4378 Forest Park Blvd.

17. (a) Burial (b) Date thereof 10-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cathary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) OCT 11 1944 (b) E. J. McElvan, M.D.
(Date received local 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? _____ Means of injury 0

23. Signature Victor S. Heacock (M. D. or optician) MD

Address 578 N. Grand Date signed 10/9/44

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

WIFE

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.