

1300
10-47
17-39
13906

FILED NOV 12 1948

818

Registration District No. _____
Primary Registration District No. 1003

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: Barnes Hospital, D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mary Lafern Dye
(b) If veteran, name war No
(c) Social Security No. Unknown

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife W.N. Dye
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased February 19 1920
(Month) (Day) (Year)

8. AGE: Years 28 Months 8 Days 14
If less than one day _____ hr. _____ min.

9. Birthplace Hewing Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Roy Savage
13. Birthplace Unknown
14. Maiden name Unknown Neida
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant W.N. Dye
(b) Address Salem, Ill.

17. (a) Removal (b) Date thereof 11-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) NOV 4 1948 (b) J. B. Lasater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Marion
(c) City or town Salem
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route
(If rural, give location) NR, 2
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3
year 1948 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from October 10
1948, to November 3, 1948;
that I last saw her alive on November 3, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Toxemia
Due to Liver abscesses - Cause not known
Due to Bacterial Endocarditis

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

Other conditions _____
(Include pregnancy within 3 months of death) 9/2

Major findings: Of operations _____

Of autopsy Large liver abscess.

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)
(e) Means of injury _____

23. Signature FR Bradley (M. D. or other) _____
Address Barnes Hospital Date signed 11/11/48

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

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.....

Robert M Murray

Licensed Embalmer No.

3749

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.