

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22983

47 247  
FILED JUN 21 1952  
BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1599

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond, Mo.</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>7246 Burrwood</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u> b. (Middle) <u>Dye</u> c. (Last) <u>Dye</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 15, 1952</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>6/14/52</u>
9. AGE (In years last birthday) <u>0</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>5</u> Min. <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Wayne L. Dye</u>	
13b. MOTHER'S MAIDEN NAME <u>Jane Ryan</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Wayne L. Dye</u>		ADDRESS <u>1212 So. Jacaranda, St. Louis, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature rupture membrane on 6/5/52 at 25 weeks.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Death due to immaturity or non-viability of foetus - wt 2 1/2 lb.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7645</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6/14, 1952</u> , to <u>6/15, 1952</u> , that I last saw the deceased alive on <u>6/15, 1952</u> , and that death occurred at <u>3:35 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Bernal W. Gervitz, M.D.</u> (Degree or title)		23b. ADDRESS <u>16 Hampton Village Plaza</u>	
23c. DATE SIGNED <u>6/15/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>June 16, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>7800 St. Charles Rock Rd. St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. K. Dapton &amp; Son, Inc.</u>	
25. ADDRESS <u>7233 Delmar</u>		DATE, REC'D BY LOCAL REG. <u>6-16-52</u>	
REGISTRAR'S SIGNATURE <u>Herbert R. Dornke M.D.</u>		26. LICENSED EMBALMER'S STATEMENT ON REVERSE SIDE <u>St. Louis, Mo.</u>	

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Ronald K. Fuischong

Signed.....  
Student Embalmer

Licensed Embalmer No. 4167

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.

not embalmed