

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019974
STATE FILE NUMBER

JUN 21 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1374

1-300
1-57
7
291
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chas. I Nurs. Home		Length of stay in lb 3 yrs		d. STREET ADDRESS (If outside, give location) 5225 Lindell		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ANDREW Middle LEE Last DYKE				4. DATE OF DEATH Month May Day 16 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 20, 1875		9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 7 Days 26	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret'd Auto Book Publ.		10b. KIND OF BUSINESS OR INDUSTRY Self Empl.	11. BIRTHPLACE (City and state or country) Dykes Mill, La.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Albert Pierce Dyke		13b. MOTHER'S MAIDEN NAME Unknown Rye		14. NAME OF HUSBAND OR WIFE Carrie English Dyke			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. Yes	17. INFORMANT 1324 W. Winton Lane Mrs W.A. Taussig, Kirkwood (22) Mo.				
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral apoplexy DUE TO (b) Arteriosclerosis DUE TO (c) Senility						INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs 2 hrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month Day Year a.m. p.m. 							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Sept 1956 to May 16, 1959 and last saw him alive on May 15 - 59 Death occurred at 9 - 16 - 59 4 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Frank J. Glover M.D. (Degree or title)				22b. ADDRESS 506 Olive St		22c. DATE SIGNED 10/18/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE May 19, 1959	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
24. FUNERAL DIRECTOR C.R. LUPTON & SONS 7233 Delmar			25. DATE RECD. BY LOCAL REG. 5-18-59		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.		

JUL 22 1958

County Miss

Mr. Thayer

506 Olive

Room 420

until 3:00 PM

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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Arnold W. Schoene*

Licensed Embalmer No. *3864*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.