

Registration District No. 24

Primary Registration District No. 6676

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Jefferson Barracks
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Veterans Administration Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Since 8-30-46
 (Specify whether
 In this community 50 years
 years, months or days)

3. (a) PRINT FULL NAME DYE, John A.

3. (b) If veteran, name war World I 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catherine Dye 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased January 1, 1886
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 8 4 7 hr. 45 min.

9. Birthplace De Soto, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name John R. Dye
 13. Birthplace Knoxville, Tennessee
 (City, town, or county) (State or foreign country)

14. Maiden name Mildred L. Church
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.
 (b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof Sept. 10 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery
 18. (a) Signature of funeral director C. Hoffmeister U & L

(b) Address Co. St. Louis, Mo. 7814 S. Broadway

19. (a) 9-7-46 (b) Arthur Allen M.D.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5245 Page Blvd. 9
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 5
 year 1946 hour 7:45 minute A M.

21. I hereby certify that I attended the deceased from August 30, 1946, 19....., to Sept. 5, 1946, 19.....
 that I last saw him alive on September 5, 1946,
 and that death occurred on the date and hour stated above.

Immediate cause of death
**CORONARY ARTERIOSCLEROTIC HEART DIS*
 EASE WITH MYOCARDIAL DAMAGE AND IN-
 SUFFICIENCY**

Due to SUFFICIENCY UNK.
 Due to 7/4

Other conditions ARTERIOSCLEROSIS, GENERALIZED. UNK.
 (Include pregnancy within 3 months of death)

Major findings: No Operation

Of operations
 Of autopsy No Autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No
 (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 of injury 0
 23. Signature L. E. STILWELL, M.D. (M. D. or other)
 Address Vet. Adm. Hospital, Jeff. Bks. No. 9-5-46 Date signed

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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

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.