

FILED FEB 3 1947

State File No. _____
Registrar's No. **603**

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

Registration District No. **318** Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **St. Louis Mo**

(b) City or town **St. Louis Mo**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Deaconess Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 Day**
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis** **96**

(c) City or town **Pine Lawn**
(If outside city or town limits, write "RURAL")

(d) Street No. **2135 68th Str (20)**
(If rural, give location) **NR?**

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

3. (a) PRINT FULL NAME **Martha Geraldine Dye.**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **Nov 8th 1946**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **18** year **47** hour **4** minute **30** P. M.

21. I hereby certify that I attended the deceased from **Jan 18 1947** to **Jan 18 1947**
that I last saw her alive on **Jan 18** 19 **47**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
2 10 hr. min.

9. Birthplace **Grenada Miss.**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

Immediate cause of death: **Infantile Diabetes**
Due to: **cause unknown**

Other conditions: **119**
(Include pregnancy within 3 months of death)

MOTHER } 11. Industry or business _____

FATHER } 12. Name **Kenneth R. Dye**

13. Birthplace **Lake City Kas.**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Bess Brown**
(City, town, or county) (State or foreign country)

15. Birthplace **Memphis Tenn**
(City, town, or county) (State or foreign country)

16. (a) Informant **Kenneth R. Dye**

(b) Address **2135 68th Str. (20)**

17. (a) **Motor.** (b) Date thereof **Jan 21 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Grenada Miss.**

18. (a) Signature of funeral director **Geo L. Pleitsch Inc.**

(b) Address **5966-5968 Easton Ave.**

19. (a) **JAN 20 1947** (b) **J. F. Bueck**
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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)

Means of injury **0**

23. Signature **W. Chester Bledsoe** (M.D. or other)
Address **W. Chester Bledsoe** Date signed **1-18-47**

~~Dr. E. Kneal~~

Dr. E. Kneal

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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..... *Ronald Yobake*

Licensed Embalmer No: *3917*

P. O. Address..... *St Louis*

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.