. S. No. 2
DM—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32463

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 9035

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Same

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6333 Tholozan Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 14

If yes, name country

3. (a) PRINT FULL NAME CLIFFORD H. DYE

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Emma M.

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Jan. (Month) 4 (Day) 1900 (Year)

8. AGE: Years 47 | Months 8 | Days 23 | If less than one day br. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Owner

11. Industry or business Electrical Appliance

FATHER
12. Name Wm. Dye
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Augusta Poser
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Emma Dye
(b) Address 6333 Tholozan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) SEP 29 1947 (Date received local registrar) (b) J. F. Brenneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27 year 1947 hour 3:15 minute A. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage
Due to Gunshot wound of left
Thorax & Spleen
Due to Shot fired by me
On Sept 25th 1947 at about
Duration 0 Hours

Other conditions (include pregnancy within 3 months of death) Tried while suffering from Temporary Mental Aberration

Major findings:
Of operations 0
Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Sept. 25 1947

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury Gun

23. Signature Patrick E. Taylor Dep. Cor. (M.D. or other)

Address 1300 Clark Date signed 9-28-47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Edwin A. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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.