V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 15 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32966

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8437

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: DeSoto Hospital
(If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution 2 Weeks (Specify whether years, months or days)

In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 6180 Pershing Av. 9
(If rural, give location)

5

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

If yes, name country

3. (a) PRINT FULL NAME Rye, Donald

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Mary C. Rye

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased March (Month) 27, (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	5	5	hr. min.

9. Birthplace New York (City, town, or county) N.Y. (State or foreign country)

10. Usual occupation Tool & Dye Maker

11. Industry or business

FATHER
12. Name George W. Rye
13. Birthplace Dont Know (City, town, or county) Maine (State or foreign country)

MOTHER
14. Maiden name Catherine O'Neil
15. Birthplace New York (City, town, or county) N.Y. (State or foreign country)

16. (a) Informant Mrs. Mary C. Rye
(b) Address 6180 Pershing Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Glasgow Mo.

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) SEP 5 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2 year 1947 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from Aug. 20, 1947 to Sept. 2, 1947 that I last saw him alive on 9/2, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive cardiovascular disease (Subfinite)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Robert E. Fox (M. D. or other)
Address 1325 So. Grand Blvd. Date signed 9/2/47

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.