S. No. 300
v. 10.48

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14514

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3577

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. Louis
c. LENGTH OF STAY (in this place) 22 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) I430, (Rear) I3th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY 2259
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. Louis 0
d. STREET ADDRESS (If rural, give location) 25 I430, (Rear) I3th. Street.

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Arthur c. (Last) Flye

4. DATE OF DEATH (Month) (Day) (Year) April. I5th, I950

5. SEX Male 2
6. COLOR OR RACE Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Sept. Ist, I882
9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 7 Days I4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Tenn. 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Pete. Flye
13b. MOTHER'S MAIDEN NAME Lidia. Barnett
14. NAME OF HUSBAND OR WIFE Sallie. M. Flye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 499-03-9I96
17. INFORMANT'S SIGNATURE OR NAME Sallie M. Flye ADDRESS I430, R. No. I3th. St.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chr. Nephritis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 592X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 30 9:30 P.M. 19 — *to* April 15th, 1950, *that I last saw the deceased alive on* 4-15-50 19 —, *and that death occurred at* ..... *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) S. R. Barrett M.D. ADDRESS 1409 N. Euclid
23c. DATE SIGNED 4.17.50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 11
24b. DATE 4-I9th, I950
24c. NAME OF CEMETERY OR CREMATORY WashingtonPark Cemetery
24d. LOCATION (City, town, or county) ST. Louis. (State) Missouri

DATE REC'D BY LOCAL REG. APR 19 1950
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE John H. Houston ADDRESS 2829, Washington. Blvd.

(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4441

P. O. Address 2829 Washingto

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.