

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25738

State File No.

FILED JUL 22 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6295**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
		d. STREET ADDRESS (If rural, give location) 424 Delmar Blvd.	

3. NAME OF DECEASED (Type or Print)	a. (First) Theodora	b. (Middle)	c. (Last) Dykes	4. DATE OF DEATH (Month) (Day) (Year) 6-26-52
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5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-7-1905	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months 4	IF UNDER 1 HRS. Hours	Min.
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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) Denver Colorado	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Sam Dykes	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mrs. Izona Dykes
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 440-140-51678	17. INFORMANT'S SIGNATURE OR NAME Mrs. Izona Dykes	ADDRESS 4424 Delmar
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronch pneumonia; Contab.		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Fr of 4th cervical vertebrae with dislocation of the body of the 4th and the 5th. Hair Matt		
	DUE TO (b) Lipon and Theodore Dykes		
	DUE TO (c) the deceased, were wrestling on the 30th day of May at		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 1:13 am, at 417th Delmar Accident	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 30 52 1:13 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? ooo F9365
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22. I hereby certify that I attended the deceased from 3, 1952, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:00 p.m., from the causes and on the date stated above. 4h

22a. SIGNATURE (Degree or title) Patrick E. Taylor Coroner	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 7.1.52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-2-52	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. JUL 1 1952	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE: ADDRESS Ellis Funeral Home 2820 Stoddard St.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Fulton E. Culkin

Signed.....

Student Embalmer

Licensed Embalmer No. *4198*

P. O. Address *W. Main 137*

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.