

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

15859

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1003  
City St. Louis No. 5815 Victoria Ave

File No. ....  
Registered No. 4318  
St. .... Ward)

**2. FULL NAME** William H. Kyle

(a) Residence, No. 5815 Victoria St., 4 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie Kyle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16, 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
55 5 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. National Oil & Lead Co.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

13. NAME Brent Kyle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Mary Lucretia

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Maldia Wunderlich (ADDRESS) 4506 Wichita

18. BURIAL, CREMATION, OR REMOVAL PLACE Takeford Park DATE 9-10 1931

19. UNDERTAKER Krieghammer & Co (ADDRESS) 4228 N. Kingshighway

20. FILED 11-2-31 1931 Max O. Parker Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1931, to Apr 7 1931

I last saw him alive on Apr 7 1931. Death is said to have occurred on the date stated above, at 8:30 P. M.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction  
920A

Other contributory causes of importance:  
Ch. Cor. Myositis

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. 1

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify .....

(Signed) R. G. Clark M. D.  
(Address) 2315 Parkway

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

