

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

Do not use this space.

NOV 13 1934

37693

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City St. Louis Mo (No. 4400, Oakland) Ward

File No. 10141

Registered No.

2. FULL NAME

Linda L. Kyle
 (a) Residence, No. 4400 Oakland av St. 18 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9th 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 6 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woff-Toben shoe
 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 Mo

13. NAME Thomas Kyle

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

15. MAIDEN NAME Elizabeth Sulkin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fenton Mo

17. INFORMANT Blanch Kyle (ADDRESS) 4400 Oakland av

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Hill DATE Feb 6 1934

19. UNDERTAKER Edith E. Ambuster (ADDRESS) 4834 Manchester

20. FILED 19 10339 J. S. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-18-1934

22. I HEREBY CERTIFY, That I attended, deceased from Sept. 10th 1934, to Oct. 17th 1934

I last saw her alive on Oct. 17th 1934. Death is said to have occurred on the date stated above, at 6 A.M.

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

Acute Nephritis
cause unknown
Chronic Myocarditis
Endocarditis
92 a

Date of onset about Sept. 10

Other contributory causes of importance:
Chronic Myocarditis
Endocarditis
92 a

Name of operation none Date of

What test confirmed diagnosis? Analysia 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.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

(Signed) Dr. Julia E. Blagich M. D.
 (Address) 1202 S. Vandeventer Ave.

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.

Mr. J. E. Blawie
1252 A. St. S.W.
N.E. 0519
6-7 P.M.