REC'D JUN 7 1938

Y 21 1938

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

19469
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township ~~Bonhomme~~ — Primary Registration District No. 200 — Registered No. 890
(c) City Fenton — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Andrew J. Kyle 400
(a) Residence, No. St. Louis County St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Mary Kyle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 17 1879

7. AGE: 58 YEARS — MONTHS: 11 — DAYS: 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: farmer
9. Industry or business in which work was done, as saw mill, bank, etc.:
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): Jefferson County 0

FATHER
13. NAME: Thomas Kyle 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown 0

MOTHER
15. MAIDEN NAME: Elizabeth Sullens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson County

17. INFORMANT (ADDRESS): Richard Kyle, Valley Park Route 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sappington Mo. DATE 5/22/38 19

19. FUNERAL DIRECTOR (ADDRESS): Kenneth W. Koch, Fenton Mo.

20. FILED MAY 21 1938 19 T. R. Meyer M. D. Dr. P. H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 20, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:30AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by fire-arms. (shot-gun)	5/20/38

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Other contributory causes of importance:

Gun-shot wound of head.	5/20/38

Name of operation: none — Date of .....
What test confirmed diagnosis? physical signs — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide: suicide — Date of injury: 5/20, 19 38
Where did injury occur? Fenton, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury: Suicide by firearms
Nature of injury: Gun-shot wounds of head

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) John O'Connell 4, M. D.
Coroner of St. Louis County, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

FEB 18 1948

STATEMENT BY LICENSED EMBALMER

I, Kenneth W Koch, Licensed Embalmer No. 3047

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Kenneth W Koch

Licensed Embalmer No. 3047

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)