

791

1003

9803

Registration District No.

Priority Registration District No.

FILED DEC 11 1940
2-0

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4274a Russell Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Alexander A. Kyle

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minnie Kyle 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased February 22, 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 7 If less than one day hr. min.

9. Birthplace New York
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER { 12. Name Joh Kyle
13. Birthplace Scotland
(City, town or county) (State or foreign country)
14. Maiden name Anna Wilson
15. Birthplace Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Kyle
(b) Address 4274a Russell

17. (a) Burial (b) Date thereof 12/2/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4254 Manchester

19. (a) NOV 29 1940 (b) J. E. Bruch
(Date received local registrar) (Embalmer's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4274a Russell
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29
year 1940 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from Feb 5, 1940, to Nov 29, 1940
that I last saw him alive on Nov 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to Myocardial Cerebral Hemorrhage
Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? Means of injury None

23. Signature W. H. ... (M. D. or other) 1
Address 1625 Town ... Date signed 11/29/40

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. *1284*

P. O. Address *St Louis Mo*

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.