

No. 2
13-40
17-39
X23159

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **1439**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3628 A. Folsom 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 **Catherine Pyatt**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **William W. Pyatt Deceased** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **November 28 1858**
(Month) (Day) (Year)

8. AGE: Years **82** Months **2** Days **14** If less than one day hr. _____ min. _____

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Patrick Hayes**

13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Alice Ryan**
(City, town, or county) (State or foreign country)

15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **May Lang**

(b) Address **3628 A. Folsom Ave**

17. (a) **Burial** (b) Date thereof **Feb 15 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Petz Brothers**

(b) Address **3089 Lafayette Ave**

19. (a) **FEB 13 1941** (b) **J. W. Brubaker**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3628 A. Folsom Ave**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12th** day **February**
year **1941** hour **5:30** minute **A.**

21. I hereby certify that I attended the deceased from **January 18th** to **February 12th**, 1941;
that I last saw her alive on **February 12th**, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death **cerebral hemorrhage**
apoplexy
Due to **Senility with atherosclerosis**
Due to **chronic interstitial nephritis**
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy **121**
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Louis B. Brandenburg** (M. D. or other) _____
Address **3922 Glenland** State signed **2/13/41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6
7
9

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 *Frank J. Owens*

Licensed Embalmer No. *3245*

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 licensc.)

If this body is not embalmed, fact should be so stated above.