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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5644

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 1892

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

1. PLACE OF DEATH:
(a) County Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3918a Shenandoah
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Harry Pyle
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edith Pyle
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 9, 1848 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
92	11	14	hr. min.

9. Birthplace 0 Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER 12. Name Harry Pyle
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Margaret Carrione
(b) Address 3918a Shenandoah Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 1-41 (Month) (Day) (Year)
(c) Place: burial or cremation Parklawn Cemetery
18. (a) Signature of funeral director Wm. C. Mayfield
(b) Address 1926 Allen Ave.
19. (a) FEB 28 1941 (Date received local registrar) (b) J. T. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27th year 1941 hour 12 minute 50 P.M.
21. I hereby certify that I attended the deceased from 2/25/41, 19..., to 2/27/41, 19...; that I last saw him alive on 2/27/41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis, Generalized — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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? (e) Means of injury 0
23. Signature Harold Freedman (M. D. or other)
Address 1515 Lafayette Date signed 2/27/41

(Licensed Embalmer's Statement on Reverse Side)

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.....A. W. Janosky.....

Licensed Embalmer No.....4149.....

P. O. Address.....1926 Allen Av

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.