

REC AUG 28 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5584

1. PLACE OF DEATH:
(a) County St. Anthony Hosp.
(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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community 0 years, months or days

3. (a) PRINT FULL NAME Infant Kyle
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased July 16 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day 18 hr. min.

9. Birthplace St. Louis, Mo. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name J. Walter Kyle
13. Birthplace Osage County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Joseph G. Harty
15. Birthplace Osage County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. Walter Kyle
(b) Address 1450 Sproules
17. (a) Burial (b) Date thereof 7/17/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation AV 9, MISSOURI

18. (a) Signature of funeral director C. P. Lupton, Son
(b) Address 7233 Delmar Blvd
19. (a) III 7 1941 (b) J. T. Buech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 03
(c) City or town St. Louis, Mo. 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1450 Sproules St
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1941 hour 13 minute 50 A. M.
21. I hereby certify that I attended the deceased from July 6
1941, to July 7, 1941;
that I last saw her alive on July 6, 1941, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
(Probably congenital heart disease)

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 157

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature August L. Beuing (M. D. certifier)
Address 4660 Maryland Date signed 7-7-41

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.

Body not embalmed.

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.....

P. O. Address.....

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, above space should be left blank.