

S. No. 2
M-1-4-41
v. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35750
Registrar's No. 103

FILED JAN 27 1942

Registration District No. 1st

Primary Registration District No. 200

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pine Crest Nursing Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-Years
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town Ballwin
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 13th
year 1942 hour 7:25 minute A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Div
(b) Name of husband or wife _____
(c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Dec 1 1941 to Jan. 13 1942
that I last saw him alive on January 12 1942
and that death occurred on the date and hour stated above.

7. Birth date of deceased April 8 1857
(Month) (Day) (Year)

Immediate cause of death Hypostatic bronchopneumonia
Chronic nephritis

8. AGE: Years Months Days If less than one day
84 9 5 _____ hr. _____ min.

Due to Arteriosclerosis
Senile changes.

9. Birthplace House Springs Mo
(City, town, or county) (State or foreign country)

Due to _____
Other conditions none 3/14
(Include pregnancy within 3 months of death)

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Simeon Kyle
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Harness
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Martha Bloom

(b) Address 5250 Alcott, St. Louis, Mo.

17. (a) Burial (b) Date thereof 1-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hills Cem

18. (a) Signature of funeral director Louis H. Bopp Inc.

(b) Address Kirkwood, Mo.

19. (a) JAN 14 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 Over

23. Signature B. P. Loving (M. D. or other) [Signature]

Address Ballwin, Mo Date signed 1-13-42

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

John M Meyer

Licensed Embalmer No.

3588

P. O. Address

Hickwood, 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.