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S. No. 2  
M-5-42  
7. 5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28916

State File No. ....

FILED OCT 14 1942

Registration District No. ....

Primary Registration District No. ....

1003

Registrar's No. ....

8156

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... 6 Days  
(Specify whether  
In this community..... 13 Years  
years, months or days)

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. 2343 Park Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

✓ 2000  
172  
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3. (a) PRINT FULL NAME

Alta May Kyle

3. (b) If veteran,

name war..... No

3. (c) Social Security

No..... No

4. Sex..... F. / 5. Color or race..... W  
6. (a) Single, widowed, married, divorced..... M /  
6. (b) Name of husband or wife..... Bert 6. (c) Age of husband or wife if alive..... 35 years  
7. Birth date of deceased..... March 14  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
28 6 13 hr. 0 min.

9. Birthplace..... Poplar Bluff, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name..... William Maze  
13. Birthplace..... Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name..... Sarah Wormington  
15. Birthplace..... Poplar Bluff, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Bert Kyle  
(b) Address..... 2343 Park Ave.

17. (a) Removal (b) Date thereof..... 9/29/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Poplar Bluff, Mo

18. (a) Signature of funeral director..... J. W. McLaughlin

(b) Address..... 2301 Lafayette Ave.

19. (a) 10/2/42 (b) J. F. Bredesh  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27,  
year 1942 hour 7:15 minute..... P. M.

21. I hereby certify that I attended the deceased from September 22,  
1942 to September 27, 1942;  
that I last saw h.....er..... alive on..... September 27, 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Acute Nephritis,  
Acute Hepatitis Duration.....

Due to..... Toxemia of Pregnancy

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?.....

While at work?..... (Specify type of place) (e) Means of injury..... 0

23. Signature..... Robert R. Hartman (M. D. or other):  
Address..... 1515 Lafayette Avenue, Date signed..... 9/28/42

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

MAR 26 1947

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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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette a

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.