

FILED OCT 21 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

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:
3433 Minnesota Avenue
(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)

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..... 3433 Minnesota Avenue
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

John T. Vyle

3. (b) If veteran,
name war.....

3. (c) Social Security
No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,
2 divorced Widower

6. (b) Name of husband or wife..... Anna Vyle Deceased 6. (c) Age of husband or wife if
alive..... years

7. Birth date of deceased..... October 18 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 11 23 ..hr. ..min.

9. Birthplace..... Guernsey England 4
(City, town, or county) (State or foreign country)

10. Usual occupation..... Paving Cutter

11. Industry or business..... Wisconsin Quarry Co.

12. Name..... Thomas Vyle

13. Birthplace..... Guernsey England 4
(City, town, or county) (State or foreign country)

14. Maiden name..... Unknown

15. Birthplace..... Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant..... Owen J. Vyle

(b) Address..... 3433 Minnesota Ave.

17. (a) Burial (b) Date thereof..... Oct. 13, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... New SS. Peter & Paul Cemetery

18. (a) Signature of funeral director..... Wm. J. Robert

(b) Address..... 1905 South Grand Blvd.

19. (a) (Date received local registrar) (b) J.F. Bredish
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... October day..... 11th
year..... 1942 hour..... 1 minute..... AM.

21. I hereby certify that I attended the deceased from Oct. 5
1942 to Oct 10 1942
that I last saw him alive on Oct 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Pulmonary T. B.
Due to..... chronic nephritis (end)

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

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)
(e) Means of injury.....

23. Signature..... Wm. J. Robert (M. D. or other)

Address..... 3450 Grand Ave Date signed..... 10/12/42

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 Hutter
.....
Licensed Embalmer No. 3880

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, fact should be so stated above.