

FILE FEB 10 1943  
Registration District No. 788

Primary Registration District No. 300

Registrar's No. 105

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Mount St. Rose Sanatorium  
(d) Length of stay: 9/14/42 to 1/13/43  
In this community 20 Years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis, Missouri  
(d) Street No. 1260 Goodfellow Ave.,  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LESTER PYLES

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Julia 6. (c) Age of husband or wife if alive 35 years  
7. Birth date of deceased Nov. 8th 1906  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
36 2 5 hr. min.

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

10. Usual occupation Laborer - Filling Station

11. Industry or business Unemployed

12. Name Henry Pyles  
13. Birthplace Iowa  
14. Maiden name Sarah Keys  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Pyles  
(b) Address 1260 Goodfellow

17. (a) Burial (b) Date thereof 1/16/43  
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director A. W. McLaughlin  
(b) Address 2301 Lafayette Ave.

19. (a) JAN 19 1943 (b) E. J. McLaughlin  
(Date) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13  
year 1943 hour 12 minute 05 P.M.

21. I hereby certify that I attended the deceased from Sept. 14, 1942 to January 13, 1943.  
that I last saw him in alive on 1/13 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Fat advanced Pulmonary Tbc  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Broncho-pneumonia  
Major findings: Patella Emphysema  
Of operations \_\_\_\_\_

Of autopsy Broncho-pneumonia, patella, Fat adv. Pulmonary Tbc

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_  
23. Signature Charles E. Jones M.D.  
Address 7602 S. Broadway Date signed 1/14/43

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

96  
00

000  
17  
9

MOTHER FATHER

Duration  
8+y

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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.