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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5733

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:
Deaconess Hospital
(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 Dent 33

(c) City or town Boss NR.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Linda May Pyatt

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 11 (Day) 1942 (Year)

8. AGE: Years 1 Months 5 Days 10 If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Leonard Arthur Pyatt
13. Birthplace Codeway (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Bertha Hudson
15. Birthplace Boss (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Leonard Arthur Pyatt
(b) Address Boss, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/43 (Month) (Day) (Year)
(c) Place: burial or cremation Boss, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.,

19. (a) JUN 22 1943 (Date received local registrar) (b) J. F. Boesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1943 hour 9 minute 25 P.M.

21. I hereby certify that I attended the deceased from June 20, 1943, to June 21, 1943 that I last saw her alive on June 21, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gastro-intestinal intoxication	2 Days
Due to: Encephalitis, toxic	3 Days
Due to:	
Other conditions: Broncho-pneumonia secondary (Include pregnancy within 3 months of death)	1 Day

Major findings:
Of operations
Of autopsy Congestion of brain and viscera

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

23. Signature T. S. Zahrosky (M. D. or other) M.D.
Address 5367 Taylor Date signed 6/22/43

(Licensed Embalmer's Statement on Reverse Side)

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 Henry M. Brammer

Licensed Embalmer No. 4200

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.