

FILED DEC 9 1943  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10569

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... 22 days  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME John B. Kyle

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

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

6. (b) Name of husband or wife..... Elizabeth Kyle  
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... January 5 1854  
(Month) (Day) (Year)

8. AGE: Years 89 Months 10 Days 24  
If less than one day hr. min.

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

10. Usual occupation..... Retired Watchman

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Gulat

(b) Address Sulphur Springs, Missouri

17. (a) Burial (b) Date thereof 11-30-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Festus, Missouri

18. (a) Signature of funeral director..... Albert H. Hoppe, Inc.

(b) Address..... 4790 Washington Blvd.

19. (a) NOV 30 1943 (b) J. F. [Signature]  
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Jefferson  
(c) City or town..... Sulphur Springs  
(If outside city or town limits, write "RURAL") N.R.  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Nov. day..... 29  
year..... 1943 hour..... 6 minute..... P. M.

21. I hereby certify that I attended the deceased from..... Nov 18 1943 to..... Nov 29 1943  
that I last saw him alive on..... Nov 29 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Chronic Corneal disease  
(Decomposed)  
Due to..... Hemiparesis, aortic  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death) 9/2

Major findings:  
Of operations.....  
Of autopsy.....

Duration  
3 wks  
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..... [Signature] (M. D. or other)  
Address..... 3617 Grand St. Date signed..... 11/30/43

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

---

---

**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.....

*Albert G. Hays*

Licensed Embalmer No..... *2971*.....

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.**