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M-8-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29736

State File No.

FILED SEP 20 1944

Registrar's No. 7869

Registration District No. 318

Primary Registration District No. 1003

345
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hosp #1
(If not in hospital or institution, write street number or location).

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Orville Henry Pyle

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27
year 1944 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex male 5. Color of hair 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 Oct 1899
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death fracture skull, subdural hemorrhage of brain when he fell back while on the sidewalk in front of 1064 Hamilton Ave about 9:35 pm. August 26, 1944

Due to 26, 1944

8. AGE: Years 45 Months _____ Days _____ If less than one day hr. _____ min. _____

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

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

10. Usual occupation ret

Major findings: 186
Of operations _____
Of autopsy 209

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name William

13. Birthplace William (City, town, or county) _____ (State or foreign country)

14. Maiden name William

15. Birthplace William (City, town, or county) _____ (State or foreign country)

16. (a) Informant James J. V. Steiner

(b) Address 1300 Clark

17. (a) _____ (b) Date thereof 9/7/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidental

(b) Date of occurrence Aug 26 1944

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Sidewalk in Rubber Plant
(Specify type of place)

While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director W. R. Kelly

(b) Address 3100 Rustic

19. (a) SEP 13 1944 (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature Alfred Perry (M. D. or other) _____
Address Deputy Coroner Date signed 9/5/44

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.....

Licensed Embalmer No.....

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.