

FILED FEB 24 1945

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1374**

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4549a Athlone Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME John W. Kyler
3. (b) If veteran, name war None
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Agnes Kyler nee Masterson 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased January 24, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 0 15 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Stationary Engineer

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas W. Kyler
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Annie Martin
15. Birthplace Unknown Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Agnes Kyler
(b) Address 4549a Athlone Ave

17. (a) Burial (b) Date thereof 2/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) FEB 12 1945 (b) J. Beedick
(Date received local registrar) (Registrar's signature)

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. 4549a Athlone Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th
year 1945 hour 9:30 PM minute _____ M.

21. I hereby certify that I attended the deceased from Oct 14th
1945 to Feb 8th 1945
that I last saw h. alive on Feb 8th 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Asmylegia
Due to Central Haemorrhage
(non traumatic) Recurrent
new bleeding points
Due to in Brain
Other conditions Arterial Tension
(Include pregnancy within 3 months of death) Arterial Sclerosis
Major findings: _____
Of operations _____
Of autopsy _____

Duration 3 yrs
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) _____ (Specify type of injury)
23. Signature Alfred Theo. Yeager (M. D. or other) _____
Address 4244 N. Flourent Date signed 2/9/45

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..... *Gustav W. Detsch*

Licensed Embalmer No. *4329*

P. O. Address..... *St. Louis, Mo.*

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.