

No. 2  
4-5-43  
5-17-39  
I X36671

State File No. \_\_\_\_\_  
Registrar's No. 4134

**FILED** JAN 25 1946  
318

Registration District No. \_\_\_\_\_  
Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(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: St. Louis City Hospital - Max C. Starkloff Memorial  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town University City  
(If outside city or town limits, write "RURAL")

(d) Street No. 6600 Washington Avenue  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME RICHARD CARLYLE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Orpha Carlyle

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

7. Birth date of deceased April 6, 1861  
(Month) (Day) (Year)

8. AGE:

| Years     | Months   | Days     | If less than one day |
|-----------|----------|----------|----------------------|
| <u>84</u> | <u>9</u> | <u>5</u> | _____ hr. _____ min. |

9. Birthplace Dillons Run W. Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired 16 years

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Paul L. Carlyle

(b) Address 2937 a Nebraska Avenue

17. (a) Burial (b) Date thereof Jan 15, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lauriel Hill Cemetery

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1187 Hamilton Avenue.

19. (a) JAN 14 1946 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11th  
year 1946 hour 3:05 minute P M.

21. I hereby certify that I attended the deceased from 12/27/45  
\_\_\_\_\_ 19\_\_\_\_, to 1/11/46 19\_\_\_\_;  
that I last saw h. im alive on 1/11/46 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

(b) Means of injury \_\_\_\_\_

23. Signature Herbert C. Gutz \_\_\_\_\_  
Date signed 1-15-46

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

2369

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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.....

*Oliver R. Padwell*

Licensed Embalmer No..... 4077

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.**