

8-43  
v. 5-17-39  
X37823

FILED JAN 25 1948

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 418

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: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 27 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson 999  
(c) City or town Overland Park 14  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5901 W. 86th St. NR. 0  
(If rural, give location) 1 2  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME MILTON PYLE

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

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

6. (b) Name of husband or wife Helen Pyle 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased February 28 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
48 10 16 hr. min.

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

10. Usual occupation Bookkeeper

11. Industry or business

12. Name Lewis Pyle

13. Birthplace Unknown Iowa  
(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 Helen Pyle

(b) Address Overland Park, Kansas

17. (c) Removal (b) Date thereof 1-14-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

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

(b) Address 4700 Washington Blvd.

19. (a) 1-14-46 (b) J. F. Bredebeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 14  
year 1946 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-18  
1945 to 1-14, 1946

that I last saw him alive on 1-14, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death (Clinical)

Spontaneous pneumothorax, left Duration 1 hr

Due to operative pneumonectomy, right 17 days

Due to Carcinoma of lung, Right 1 yr

Other conditions (Include pregnancy within 5 months of death)

PHYSICIAN

Major findings: Carcinoma, Right upper

Of operations: lobe of lung

Of autopsy: pneumothorax, left

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 J. R. Bradley (M. D. or other)

Address BARNES HOSPITAL Date signed 1/14/46

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

MOTHER FATHER

APR 8 1948

APR 3 1948

FEB 27 1948

STP

STP

FEB 18 1948

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 *John Gonoski*  
Licensed Embalmer No. *3398*  
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.