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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 26 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3990

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 167

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~St. Louis~~ 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 3701 Lindell, St. Louis (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME George Hamilton Fyler

3. (b) If veteran, name war No

3. (c) Social Security No. NC

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife W. Sophie Kempff

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

7. Birth date of deceased March 21, 1873 (Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 25 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Traffic and passenger manager

FATHER
12. Name Otis Fyler
13. Birthplace (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Mary Frances Milburn
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. John M. Clauser

(b) Address 7001 Lindell Blvd. St. Louis

17. (a) entombment (Burial, cremation, or removal) (b) Date thereof 1/19/46 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Mausoleum

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Rd., St. Louis Mo.

19. (a) 1-19-46 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16 year 1946 hour 7 minute P M.

21. I hereby certify that I attended the deceased from 11/1/45, 19, to 1/16/46, 19; that I last saw him alive on 1/16/46, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	2
Due to Arterial Sclerosis	
Due to 94a	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr F. Neuhoff M.D. (M. D. or other)

Address 3206 Lafayette St. Louis Date signed Jan 18/46

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 1946

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.