

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

#28911
FILED FEB 20 1946
Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. **1298**

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)
In this community **Life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **4517 W. Pine St.** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **--**

3. (a) PRINT FULL NAME **FRANCIS GYLE**

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

4. Sex **M** 5. Color or race **W**
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 **October 21 1944**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 3 15 hr. min.

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

10. Usual occupation **Nil**

11. Industry or business **----**

MOTHER FATHER

12. Name **Francis Gordon Gyle**
13. Birthplace **San Francisco California**
(City, town, or county) (State or foreign country)
14. Maiden name **Alice Mauger**
15. Birthplace **Rutherford New Jersey**
(City, town, or county) (State or foreign country)

16. (a) Informant **Francis Gordon Gyle**
(b) Address **4517 W. Pine St.**

17. (a) **Burial** (b) Date thereof **2/8/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Concordia Cemetery**

18. (a) Signature of funeral director **Beiderwieden F.H., Inc.**
(b) Address **1936 St. Louis Ave.**

19. (a) **FEB 7 1946** (b) **J. F. Bredeck**
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **6th**
year **1946** hour **5:30** minute **A** M.
21. I hereby certify that I attended the deceased from **12/12/45**
to **2/6/46**, 19 **2/6/46**, 19
that I last saw **in** alive on **2/6/46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hydrocephalus** Duration
15 min

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 **M. J. Carson** (M. D. or other)
Address **1515 Lafayette** Date signed **2/6/46**

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

6439

STATE OF MISSOURI
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

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.....
Glen W. Haly
43

Licensed Embalmer No. *3737*

P. O. Address.....
1936 St. Louis Ave.

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.