

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 18804

Registration District No. Primary Registration District No. Registrar's No. 4849

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4055 West Pine
(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)

3. (a) PRINT
FULL NAME Simon E. Pysher

3. (b) If veteran, name war..... 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 Alice Pysher 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Sept. 6, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 8 21 hr. min.

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

10. Usual occupation Unemployed

11. Industry or business.....

12. Name Samuel Pysher

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

14. Maiden name Frey

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

16. (a) Informant Alice Pysher
(b) Address 4055 West Pine

17. (a) Burial (b) Date thereof 5/31/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany
Edith E. Ambruster

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) MAY 31 1946 (Date received local registry)
J. F. Brudick (Registrar's Signature)

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. 4055 West Pine
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1946 hour 9.20 pm minute..... M.

21. I hereby certify that I attended the deceased from May 21 1946 to May 27 1946
that I last saw him alive on May 27 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-Sclerotic Hypertensive Dis. Duration 2 mos.

Due to Cardiac Hypertrophy 2 mos.
Aortic Stenosis Initial Regurg 2 mos.

Due to General Anasarca 2 mos.

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?.....

While at work? (Specify type of place) (c) Means of injury.....

23. Signature Dr. A. J. Ruendorek (M. D. or other)
Address 4390 West Pine St. Date signed 5-29-46

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.....
Floury Eymak

Licensed Embalmer No. *1284*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. JuneRegistration District No. 218Primary Registration District No. 1003Registrar's No. 4849

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:

(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)

3. (a) PRINT
FULL NAMESimon E. Pyshee

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 m

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 40

7. Birth date of deceased Sept 6 (Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 10 If less than one day hr. min.

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

10. Usual occupation Employed

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

- (b) Address

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

- (c) Place: burial or cremation

18. (a) Signature of funeral director J. F. Bredek

- (b) Address

19. (a) (Date received local registrar) (b) (Registrar's Signature) JUN 25 1946

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County

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

- (d) Street No. (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Day 25 Year 1946 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from 1946 to 1946 at St Louis and that death occurred on the date and hour stated above. Immediate cause of death Heart failure

Duration

- Due to

- Due to

- 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?

- While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)

- Address Date signed

18804