. S. No. 2
M—12-45
v. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23002

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1215

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home 4
(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 Mo. (b) County 0-0-0
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5228 Lindenwood Ave. 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Wm. PYATT
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Late Margaret
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 11 (Day) 1870 (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	4	4	hr. min.

9. Birthplace Washington (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Car Repair
11. Industry or business New York Central R. R.
FATHER
12. Name Jacob Pyatt
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant J. E. Hampton
(b) Address 5228 Lindenwood Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 17 47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) 6-18-47 (Date received local registrar) (b) [signature] MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1947 hour 7 30 minute P M.
21. I hereby certify that I attended the deceased from Feb 3 1946, to June 15 1947
that I last saw him alive on June 14 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
acute cardiac failure	sudden
Due to Chr. Myocarditis	
Due to 93d	
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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature C H Denny (M. D. or other) MD
Address Creve Coeur, Mo. signed 6-15-47

(Licensed Embalmer's Statement on Reverse Side)

OCT 28 1950

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. Richard W. Stoneard

Licensed Embalmer No. 4007

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.