S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43268

FILED DEC 31 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11682

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

1. PLACE OF DEATH:
(a) County ~~2237 LUCAS~~
(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2237 Lucas
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 25 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N/O (b) County 000
(c) City or town ST LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2237 LUCAS AVE 9
(If rural, give location)
21
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Joseph LYLES
3. (b) If veteran, name war NONE
3. (c) Social Security No.

4. Sex MALE 2
5. Color or race COL
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife PAULINE LYLES
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 1 (Month) 3 (Day) 1898 (Year)

8. AGE: Years 49 Months 11 Days 19 If less than one day hr. min.

9. Birthplace (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation LABOR 1
11. Industry or business NONE

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

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

16. (a) Informant PAULINE LYLES
(b) Address 2237 LUCAS AVE
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/47 (Month) (Day) (Year)
(c) Place: burial or cremation Oakdale Cem
18. (a) Signature of funeral director Allen Dailey
(b) Address 3506 Franklin ave
19. (a) DEC 23 1947 (Date received local registrar) (b) J. F. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1947 hour 3 minute 00 A.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to 9 4	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 3
23. Signature Alfred Perry (M. D. or other) 2
Address [illegible] Date signed 12/23/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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. Not Embalmed

Signed Allen Foster

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.