No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 44594

Registrar's No. 11965

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1519 Sulpher
(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
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1519 Sulpher
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ada L. Pyle
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Charles W. Pyle
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 25 (Day) 1881 (Year)

8. AGE: Years 66 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation House - wife
11. Industry or business

FATHER
12. Name James Turner
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Jane Bunkel
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Charles W. Pyle
(b) Address 1519 Sulpher
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection
18. (a) Signature of funeral director M. J. Croghan
(b) Address 7146 Manchester
19. (a) DEC 30 1947 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27
year 1947 hour 4 minute 25 A.M.
21. I hereby certify that I attended the deceased from Nov 1945 Nov 1945 to Dec 27 1945
that I last saw her alive on Dec 27 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Cervix uteri — Duration 4 yrs.
Due to
Due to
Other conditions Vesico-Vaginal fistula
(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
23. Signature William Berman (M. D. or other)
Address 462 N. Taylor Date signed 12/29/47

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.

Signed: L. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address St Louis

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.