

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 9 1955

State File No. 27922
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6165

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY OR TOWN <u>Florissant</u> ⁴⁰⁵¹¹	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Childrens</u>		STREET ADDRESS (If rural, give location) <u>P.R. # 2 Box 100</u>	
3. NAME OF DECEASED a. (First) <u>Edward</u> b. (Middle) <u>Bert</u> c. (Last) <u>Lyle</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-16-55</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>6-13-53</u>
9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR (Months) (Days) <u>- -</u>	IF UNDER 2 HRS. (Hours) (Min.) <u>- -</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James E. Lyle</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Trapnell</u>		14. NAME OF HUSBAND OR WIFE <u>***</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>R. Johnston</u>		ADDRESS <u>500 So Kerighighway</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>70% Body burn of body</u> ANTECEDENT CAUSES (b) <u>2° + 3° degree burns</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>suffered when deceased fell into bath tub of hot water in home about 12:00 Pm July 14 1955</u> DUE TO (c) <u>Accident</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <u>None</u>	
21b. PLACE OF INJURY (e.g., in or about home, in factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis city - MO Mo</u>	
21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY <u>7-14-55 5:00 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>OOD</u>		21g. <u>9170</u> <u>19</u>	
22. I hereby certify that I attended the deceased from <u>7-14-55</u> , 19 <u>55</u> , to <u>7-16-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-16-</u> , 19 <u>55</u> and that death occurred at <u>6 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>David Golding M.D.</u> (Degree or title)		23b. ADDRESS <u>St. Louis Childrens Hospital</u>	
23c. DATE SIGNED <u>JUL 18 1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7/18/55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>New Bethlehem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JUL 18 1955</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Chapel, Ferguson, Mo.</u> ADDRESS	

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Eleanora Province*.....

Licensed Embalmer No. *340*

P. O. Address *Jennings*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.