

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-032500

FILED VS AUG 17 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7800

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Mo. b. COUNTY	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 3951 West Bell		c. CITY OR TOWN St. Louis	
Length of stay in lb 40 yrs.		d. STREET ADDRESS (If outside, give location) 3951 West Bell	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Robert C. Kyle			4. DATE OF DEATH 8-4-1960		
5. SEX Male			6. COLOR OR RACE Negro		
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			8. DATE OF BIRTH 9-4-1904		
9. AGE (last birthday) 55			IF UNDER 1 YEAR IF UNDER 24 HR		
			Months Days Hours Min.		

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist		11. BIRTHPLACE (City and state or country) East St. Louis		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME George T. Kyle		14. MOTHER'S MAIDEN NAME Maria Dollie Dorsey Parthenia Kyle		15. NAME OF HUSBAND OR WIFE Parthenia Kyle	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 187-229757		17. INFORMANT Address Parthenia Kyle 3951 W. Bell	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) coronary occlusion.			
DUE TO (b) hypertension			
DUE TO (c) 420.1			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from July 1 July 1 to Aug 4 and last saw her alive on 10:45 pm Aug 4/60 Death occurred at 11:45 pm 11:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
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22a. SIGNATURE Walter A. Young (Print name and title) Walter A. Young M.D.			22b. ADDRESS 4635 Easton Ave		22c. DATE SIGNED 8/6/60
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23a. BURIAL, CREMATION, REINTERMENT (Specify)		23b. DATE 8-9-60	23c. NAME OF CEMETERY, OR CREMATORY Washington Park Cem.		23d. LOCATION (City, town, or county) St. Louis Mo.
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24. FUNERAL DIRECTOR Manuel Und. Co. 1711 N. Taylor		25. DATE RECD. BY LOCAL REG. AUG 8 1960	26. REGISTRAR'S SIGNATURE Carol Smith, M.D.		
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

W. Claude Go

Licensed Embalmer No.

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P. O. Address

11237

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.