

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-031354
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2422

AMENDED

FILED SEP 13 1961

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Peace Heaven		Length of stay in 1b 5 months		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Louis c. CITY OR TOWN Kirkwood d. STREET ADDRESS (If outside, give location) Geyer & Rott Rd.		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) First Edna Middle Cebell Last Kyle			4. DATE OF DEATH Month Aug Day 29 Year 1961			5. SEX F		6. COLOR OR RACE W		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/22/1875		9. AGE (last birthday) 86 yrs		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Buyer Dept Store Schempf Bros Water Town Wisc.				10b. KIND OF BUSINESS OR INDUSTRY Wisconsin				11. BIRTHPLACE (City and state or country) USA				12. CITIZEN OF WHAT COUNTRY USA							
13a. FATHER'S NAME Albert Cebell				13b. MOTHER'S MAIDEN NAME Amelia Gericke				14. NAME OF HUSBAND OR WIFE Herbert V. Kyle				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None				17. INFORMANT Address Mrs. Betty Gragg 517 McLain Lane			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unknown Natural Causes Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____												INTERVAL BETWEEN ONSET AND DEATH							
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"/> No <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 _____ to _____ and last saw her/him alive on _____ Death occurred at 6:39A m on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE (Degree or title) John C. Murphy MD/Asst. Health Commissioner						22b. ADDRESS 801 S. Brentwood Clayton, MO.			22c. DATE SIGNED 9-8-61										
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 8/29/61		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory			23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.												
24. FUNERAL DIRECTOR ALEXANDER & SONS 6175 Delmar Blvd				25. DATE RECD. BY LOCAL REG. 8-29-61		26. REGISTRAR'S SIGNATURE John C. Murphy MD													

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 W. Embalmer
William B. [Signature]
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- * If this body is not embalmed, fact should be so stated above.