

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
 (a) County St Louis
 (b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 5859A Roosevelt Ave
(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 MO (b) County _____
 (c) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
 (d) Street No. 5859A Roosevelt Ave
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME HARRY W. PYLE

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color of race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 16 1946
(Month) (Day) (Year)

8. AGE: Years 3 Months 14 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace St Louis MO
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

12. Name Harry Pyle

13. Birthplace St Louis MO
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Morlacche

15. Birthplace St Louis MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs H. Pyle
 (b) Address 5859A Roosevelt Ave

17. (a) Burial, cremation, or removal burial (b) Date thereof Dec 2, 1946
(Month) (Day) (Year)
 (c) Place: burial or cremation at St Peter's Church

18. (a) Signature of funeral director Luigi Calabrese
 (b) Address 5142 Daggett Ave

19. **DEC 1 1946** (Date received local registrar) (b) J. F. Brusepp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 30 year 46 hour 11 minute 0 M.

21. I hereby certify that I attended the deceased from 11-25-46, 1946, to 11-30-46, 1946.
 that I last saw him alive on Nov. 30, 1946, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Prothrombinemia Primary
 Duration 5 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 109

Major findings: _____
 Of operations _____

Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 Date of occurrence _____
 Where did injury occur? _____ (City or town) (County) (State)
 Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (a) Means of injury _____

23. Signature John Deibel MD (M. D. or other) MD
 Address 2840 California Date signed 11-30-46

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

MOTHER FATHER

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 *Paulo Calcaterra*

Licensed Embalmer No. *2376*

P. O. Address *5142 Doggett*

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.