N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D AUG 1 ? 1938

23355
Do not use this space.

2 791
1 1003

6049

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. .....
(c) City ST LOUIS. (d) Street No. 4442 LINDELL BLVD. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JAMES MONROE TYLER. 460
(a) Residence, No. 4442 LINDELL BLVD. St. 19
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: SARA NAUTON TYLER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JULY 3 1868
7. AGE: YEARS 70 MONTHS 0 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: CREDIT MAN
9. Industry or business in which work was done, as saw mill, bank, etc.: FRIEDMAN SHELBY SHOE CO
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation: RETIRED

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO.

FATHER
13. NAME: JAMES. M. TYLER.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): VIRG.

MOTHER
15. MAIDEN NAME: ADA. LINDSLEY.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): VIRG.

17. INFORMANT (ADDRESS): MRS. SARA N TYLER. 4442 LINDELL BLVD.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: BELLEFONTAIN DATE: JULY 8 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): L.M. MULLEN 5165 DELMAR BLVD.
20. FILED ..... 19 ..... J. F. Bredeck Local Registrar.
JUL 6 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JULY 5 1938
22. I HEREBY CERTIFY, That I attended deceased from April 1930 to July 5, 1938
I last saw him alive on July 5, 1938. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of lung	3 June 38
Arteriosclerosis general	Years ago
Hypertension	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) [signature], M. D.
(Address) 4500 Olive

(Licensed Embalmer's Statement on Reverse Side)

Dr. Sales
FO 2252
LISTER [illegible]
1 30 to 3 30

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 Howard F Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis Mo

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, above space should be left blank.