

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.

NOV 16 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33812

Do not use this space.

8798

Registered No. ....

1. PLACE OF DEATH

(a) County .....  
 (b) Township .....  
 (c) City St. Louis  
 (e) Length of residence in city or town where death occurred

Registration District No. 791  
 Primary Registration District No. 1003  
 (d) Street No. City Hospital #1

(If death occurred in Hospital or Institution, write its name instead of street and number) St.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

300 Wallace Wyatt  
 (a) Residence, No. 3120 Sidney Street

(Usual place of abode, if no street address, write county or city) St. 17

(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 Mary Wyatt (nee Deno)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 2, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 9 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Motion Picture Operator  
 9. Industry or business in which work was done, as saw mill, bank, etc. Senate Theatre  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mary Wyatt - Wife  
 (ADDRESS) 3120 Sidney, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE San Set Burial DATE Oct. 11, 1938

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.  
 (ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILED 9 1938  
J. F. Bredeck  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocardial Degeneration  
 (Date of onset)

Other contributory causes of importance:  
Chronic Interstitial Nephritis

Name of operation..... Date.....  
 What test confirmed diagnosis?..... Was there an autopsy? yes

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) Chas. J. Day M. D.

(Address) St. Louis, Mo.

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me and Linus C. Hoffmeister  
L. E. 3871  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed George W. Hoffmeister 3871  
Licensed Embalmer No. 2426

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.)