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.

DEC 12 1938

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

37396
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 9723
(c) City St. Louis (d) Street No. 4142 Enright Ave. 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 Mary Tyler
(a) Residence, No. 4142 Enright Ave. 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: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Cyrus L. Tyler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 6th, 1869
7. AGE: YEARS 69 MONTHS 8 DAYS 1 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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): Cadiz Kentucky

FATHER
13. NAME: Unavailable
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cadiz Kentucky

MOTHER
15. MAIDEN NAME: Cecelia Perkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cadiz Kentucky

17. INFORMANT (ADDRESS): Wendell Holmes Tyler 4142 Enright Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Cem. DATE Nov. 10th 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Chas. Gates 4107 Finney Ave
20. FILED NOV 10 1938 J. F. Bredeck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov - 7 - 1938

22. I HEREBY CERTIFY, That I attended deceased from October 30, 1937, to November 7th, 1938
I last saw her alive on November 7th, 1938. Death is said to have occurred on the date stated above, at 9:30 A.m.
The principal cause of death and related causes of importance were as follows:

Hypertensive-Myocarditis Chronic

93C

Date of onset

Other contributory causes of importance: Senility

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) James W. Smith, M. D.
(Address) 2601 A Washington Blvd

(Licensed Embalmer's Statement on Reverse Side)

## 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, James A. Johnson, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**