

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

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

REC'D AUG 11 1939

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24277

State File No.

6550

Registration District No.

791

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

1008

(a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. John's Hospital /  
 (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)

3. (a) PRINT FULL NAME Tillie W. Wyatt 300

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorce

6. (b) Name of husband or wife J. Harry Wyatt 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August 4, 1874.  
 (Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Staunton Illinois  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife 6

11. Industry or business \_\_\_\_\_

12. Name Richard Griem /

13. Birthplace Unknown Germany  
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Menk

15. Birthplace Troy Illinois  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eileen Wyatt

(b) Address 5514 Clemens Ave.,

17. (a) Burial (b) Date thereof 7/28/39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Staunton Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUL 26 1939 (b) J.P. Brudick  
 (Date received local registrar) (Name and signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis [5]  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5514 Clemens Ave.,  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26<sup>th</sup>  
 year 1939 hour 10 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 7-15-39  
 \_\_\_\_\_, 19\_\_\_\_, to 7-26, 1939.  
 that I last saw h alive on 7-25, 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Stenosis  
Myocardial Insufficiency Duration 3-4 yrs.

Due to Rheumatic Valvulitis many years duration

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

Major findings: Of operations None

Of autopsy None

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) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John P. Sumner M.D. (M. D. or other)

Address 634 W. Grand Blvd Date signed 7/26/39

**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

*J. G. Sullivan*

Licensed Embalmer No. 1122

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