

REG. NO. **791**
1003

Primary Registration District No. _____

Registrar's No. **6937**

1. PLACE OF DEATH:

(a) County St. Louis Mo **3**
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Em Route City Hospital #1
(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 Hattie Wyatt **300**

8. (b) If veteran, name war _____ 8. (c) Social Security No. NONE

4. Sex Female 5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hack Wyatt
6. (c) Age of husband or wife if alive About 40 years
7. Birth date of deceased April 20th 1898
(Month) 4 (Day) 20 (Year) 1898

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>3</u>	<u>16</u>	hr. _____ min.

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

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER { 12. Name Sanders Woods
18. Birthplace Davis Ben Miss.
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Birdie Wells
15. Birthplace Paduach Ky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sanders Woods
(b) Address 635 East 43rd Street

17. (a) _____ (b) Date thereof 8-21-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or _____ Greenwood

18. (a) Signature of funeral director Love
(b) Address 3103 Washington

19. (a) AUG 9 1939 (b) J. P. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____ **1**
(c) City or town St Louis **35**
(If outside city or town limits, write "RURAL")
(d) Street No. 1525 Franklin (Rear)
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th
year 1939 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage from lacerated heart, left lung and liver, suffered in beating of unknown manner by party or parties unknown to the jury at this time.
Due to exact time and place unknown and
Due to _____

Other condition (Include pregnancy within 3 months of death) _____

Major findings: NO B
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) Homicide
(b) Date of occurrence Unknown
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? XXXXXX Unknown

While at work? _____ (Specify type of place) (Cause of injury)
28. Signature J. P. Brudick (D. or other)
Address Deputy Coroner

WHILE PRINTING - 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.

1 X1951

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

Arthur L. Hoilliard

Licensed Embalmer No. *3389*

P. O. Address *3028 Dickerson*

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.