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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30173

State File No. _____

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 1496

1. PLACE OF DEATH: 2

(a) County St. Louis

(b) City or town Kirkwood Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
316 McCollough St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution About 15 years (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 316 McCollough
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Martha Jane Thompson Tyler

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1939 hour 11 minute 55 P. M.

4. Sex Female 5. Color Bl 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Dod Tyler 6. (c) Age of husband or wife if alive Dead years _____

7. Birth date of deceased March (Month) 16 (Day) 1861 (Year)

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

Immediate cause of death _____

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>5</u>	<u>3</u>	hr. _____ min. _____

Coronary occlusion 1 day

Due to _____

Due to _____

9. Birthplace Troy MO (City, town, or county) (State or foreign country)

10. Usual occupation Laundress

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

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Henry Davis

13. Birthplace Troy Mo (City, town, or county) (State or foreign country)

14. Maiden name Lucy Shelton

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

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? _____

16. (a) Informant's own signature Millie Thompson

(b) Address 316 McCullough Kirkwood mo

17. (a) Burial (b) Date thereof aug 26 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature John O'Connell (M. D. or other)

Address Coroner of St. Louis County, Mo.

18. (a) Signature of funeral director C Young

(b) Address 4400 Kennerly ave

19. (a) AUG 22 1939 (Date received local Registrar) (b) [Signature] (Registrar's signature)

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..... *Lyla Hughes*.....
Licensed Embalmer No. *2938*
P. O. Address *2620 Lawton*.....

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.