

FILED JUN 2 1942

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis, Mo.
(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 4 days
In this community 18 years
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. 17
(c) City or town. St. Louis, 921
(If outside city or town limits, write "RURAL")
(d) Street No. 1913a Division
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Marietta Wyatt

(b) If veteran, name war. —

(c) Social Security No. —

4. Sex. Female 5. Color or race. Col
6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Samuel Wyatt
6. (c) Age of husband or wife if alive. 75 years
7. Birth date of deceased. Dec. 20 1886
(Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 1
If less than one day hr. min.

9. Birthplace. Kinston N. Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business.

MOTHER FATHER { 12. Name. Sias Whitfield
13. Birthplace. UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name. UNKNOWN
15. Birthplace. UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant. Samuel Wyatt
(b) Address. 1913a Division ST.

17. (a) BURIAL (b) Date thereof. 5-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Father Dickson Cmty

18. (a) Signature of funeral director. E.H.'s Fun. Home

(b) Address. 2820 SToddard ST.

19. (a) MAY 25 1942 (b) J. J. Breda
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21,
year 1942 hour 2 minute 35 A. M.
21. I hereby certify that I attended the deceased from May
17, 19 42 to May 21, 19 42
that I last saw her alive on May 21, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death. Diabetic Acidosis
Duration Indef.

Due to.....
Due to.....
Other conditions. U
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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. A. H. Fleet (M. D. or other)
Address. 2601 N. Wheeler Date signed. 5/20/42

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:

L. Boykin
Registered Apprentice No. _____
Signed: *Tomnie Boykin*
Licensed Embalmer No. *2946*

P.O. Address: *St. Louis Mo*

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, fact should be so stated above.