

FILED DEC 7 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9973**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **4404 Lindell Blvd./**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **47 yrs.**  
In this community **47 yrs.**  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **000**  
(c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL") **619**  
(d) Street No. **4404 Lindell Blvd.**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Sara Tyler**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Nov.** day **28th.** year **1942** hour **11** minute **P.** M.

4. Sex **F.** / 5. Color or race **W.**  
6. (a) Single, widowed, married, divorced **2 W.**  
6. (b) Name of husband or wife **James Monroe Tyler**  
6. (c) Age of husband or wife if alive **28** years  
7. Birth date of deceased **Oct. 20th., 1870**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov. 27,** 19 **41** to **Nov. 28** 19 **42**;  
that I last saw her alive on **Nov. 28** 19 **42**;  
and that death occurred on the date and hour stated above.

8. AGE: Years **72** Months **1** Days **8**  
If less than one day hr. min.

Immediate cause of death **Cerebral Hemorrhage, Rt. side of brain**  
Due to **General Arteriosclerosis**  
**Hypertension**  
Due to **Diabetes Mellitus** **101**  
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **Ky. /**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **At Home**

Due to **Diabetes Mellitus** **101**  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

11. Industry or business  
12. Name **Edward Norton**  
13. Birthplace **Ky. /**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Ky. /**  
(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?  
While at work? (Specify type of place) (e) Means of injury

16. (a) Informant **Mr. James M. Tyler Jr.**  
(b) Address **4404 Lindell Blvd.**  
17. (a) **Burial** (b) Date thereof **12-1-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Bellefontaine**  
18. (a) Signature of funeral director **Arthur J. Donnelly**  
(b) Address **3840 Lindell Blvd.**  
19. (a) **Nov 29 1942** (b) **J. F. Madrak**  
(Date received local registrar) (Registrar's signature)

23. Signature **Harriet Luyt D** (M. D. or other) **MD**  
Address **3720 Washington Blvd.** Date signed **11/30/42**

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

MOTHER FATHER

Duration **Nov. 11, 1942**  
**20 yrs.**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

3720 Washington Blvd., Je. 1551

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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 W.H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.