

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

769

FILED FEB 2 1943 1003818

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County: ---
(b) City or town: Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri-Pacific 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: Edie Wyatt
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: Male 5. Color or race: Negro
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife: Hattie Wyatt
6. (c) Age of husband or wife if alive: ? years
7. Birth date of deceased: unavailable about 1891
(Month) (Day) (Year)

8. AGE: Years abt. 52 Months Days If less than one day
hr. min.

9. Birthplace: ? (City, town, or county) (State or foreign country) - 9

10. Usual occupation: ?

11. Industry or business:

MOTHER FATHER
12. Name: ?
13. Birthplace: ? (City, town, or county) (State or foreign country) - 9
14. Maiden name: ?
15. Birthplace: ? (City, town, or county) (State or foreign country) - 9

16. (a) Informant: Mr. Pae Hospital
(b) Address: 1755 N. Grand

17. (a) Removal (b) Date thereof: 1-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Tupelo, Mississippi

18. (a) Signature of funeral director: Charles J. Gates
(b) Address: 4107 Finney Avenue

19. (a) JAN 26 (b) J. F. Bredek
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mississippi (b) County: 27
(c) City or town: Corinth (If outside city or town limits, write "RURAL") NR.
(d) Street No.: ? (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22nd
year 1943 hour 8 minute 0 M.
21. I hereby certify that I attended the deceased from 1-8
1943 to 1-22 1943
that I last saw him alive on 1-21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis
Duration

Due to: acute heart disease
Due to: (Luetia)

Other conditions: (Include pregnancy within 3 months of death)
Major findings: SA
Of operations: SA
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)
(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) (c) Means of injury
23. Signature: Wm. Parker Hoff (M. D. or other)
Address: Wm. Parker Hoff Date signed: 1/22/43

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

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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.....

.....**William C. McDowell**....., Registered Apprentice No.....
working under my personal supervision.

Signed

William C. McDowell

Licensed Embalmer No. **2114**

P. O. Address **4107 Finney Avenue**

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.