No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29610

FILED AUG 21 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 7763

1. PLACE OF DEATH: ~~2917 Delmar~~
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2917 Delmar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2917 Delmar
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs Lucinda Tyler
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race Col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 4 (Month) 5 (Day) 1914 (Year)
8. AGE: Years 33 Months 4 Days 7 If less than one day hr. min.
9. Birthplace Clarksdale (City, town, or county) Miss (State or foreign country)
10. Usual occupation Maid
11. Industry or business
MOTHER FATHER
12. Name Martin Watson
13. Birthplace Greenada (City, town, or county) Miss (State or foreign country)
14. Maiden name Annie Combs
15. Birthplace Clarksdale (City, town, or county) Miss (State or foreign country)
16. (a) Informant Nellie Smith
(b) Address 2356 E. 33rd St Cleveland Ohio.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Gus Lowe
(b) Address 2930 Dickson St.
19. (a) AUG 15 1947 (Date received local registrar) (b) J. J. Brennan (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 12th year 1947 hour 7-11 minute 10 P. 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.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to: Chronic Nephritis (UNDETERMINED)	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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) Place of injury
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed 8/15/47

Jefferson City Printing Co.
AUG 15 1947

(Licensed Embalmer's Statement on Reverse Side)

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. Heilland

Licensed Embalmer No. 4271

P. O. Address 1154 Bayard Ave

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.