

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21416**
Registrar's No. **5770**

Registration District No. **318** Primary Registration District No. **1005**

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: Barnes Hospital, 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair

(c) City or town East St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1752 N. 38th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jewell Segetta Tyler

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J. Paul Tyler

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased August 6 1905
(Month) (Day) (Year)

8. AGE: Years 42 Months 10 Days 20
If less than one day _____ hr. _____ min.

9. Birthplace Fayetteville Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name C. S. Hickey

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

14. Maiden name Virginia Alexander

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

16. (a) Informant J. Paul Tyler

(b) Address E. St. Louis, Illinois

17. (a) ~~Cremation~~ (b) Date thereof 6-29-48
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director J. F. Bredenk

(b) Address E. St. Louis, Illinois

19. (a) JUN 28 1948 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1948 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from June 6, 1948 19____ to June 26, 1948 19____
that I last saw her alive on June 26, 1948 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration _____

Due to Acute appendicitis

Due to _____

Other conditions 1/21
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy As above

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) (e) Means of injury

23. Signature JR Bradley (M. D. or other) _____
Address Barnes Hospital, Date signed 6/26/48

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

600
47
39
906

977
11
0
2

MOTHER FATHER

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.