

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34221

FILED OCT 15 1953

State File No. 8932
Registrar's No. 8932

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 8932		Registrar's No. 8932							
1. PLACE OF DEATH a. COUNTY <u>C</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____											
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>)		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>22 2620 Spruce St.</u>											
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>			b. (Middle) _____			c. (Last) <u>Tyler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 10 53</u>						
5. SEX <u>M 2</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>		8. DATE OF BIRTH <u>Feb 2, 1888</u>		9. AGE (In years last birthday) <u>65</u>		10. IF UNDER 1 YEAR Days _____		11. IF UNDER 2 HRS. Hours _____		12. IF UNDER 15 MIN. Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Alabama</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Unknown</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Ella Tyler</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Willie Kelly</u> ADDRESS <u>2337 Pine</u>									
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Undetermined. Pos. G. I. Malignancy with Metastasis to Abdomen</u>		DUPLICATE OF (b) _____								Undt.					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) _____													
II. OTHER SIGNIFICANT CONDITIONS <u>Osteo-Arthritis</u>		Conditions contributing to the death but not related to the disease or condition causing death.								Undt.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) <u>159X</u> (COUNTY) _____ (STATE) _____											
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____											
22. I hereby certify that I attended the deceased from <u>8-27</u> , 19 <u>53</u> , to <u>9-10</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9-10</u> , 19 <u>53</u> , and that death occurred at <u>10:40A</u> m., from the causes and on the date stated above.															
23a. SIGNATURE <u>E. B. Williams</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>2601 N. Whittier</u>				23c. DATE SIGNED <u>9-10-53</u>							
24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>9-16-53</u>		24b. DATE <u>9-16-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County</u>									
DATE REC'D BY LOCAL <u>SEP 15 1953</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Moore</u> ADDRESS <u>2217 Grand</u>									

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

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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Gustave Swan*.....

Licensed Embalmer No. *4580*.....

P. O. Address *1221 N. Green*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.