

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10551**
2330

BIRTH NO. **FILED MAR 19 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 6y, 4m, 5d d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ c. CITY OR TOWN St. Louis. d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 18 5800 Arsenal St. 2129	
3. NAME OF DECEASED (Type or Print) Anna a. (First) _____ b. (Middle) _____ c. (Last) Wyatt.		4. DATE OF DEATH (Month) (Day) (Year) 3 11 54	
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-6-1881
9. AGE (In years last birthday) 72		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and State or Foreign Country) St. Charles, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ben Cooper		13b. MOTHER'S MAIDEN NAME Charlotte	
14. NAME OF HUSBAND OR WIFE Roscoe Wyatt.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Roscoe Wyatt, 4152 Delmar Blvd.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardiovascular disease ANTECEDENT CAUSES DUE TO (b) with left hemiplegia DUE TO (c) Hypertrophic arthritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	INTERVAL BETWEEN ONSET AND DEATH
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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) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 443X

22. I hereby certify that I attended the deceased from Oct. 16, 1954, to Mar. 11, 1954, that I last saw the deceased alive on Mar. 11, 1954, and that death occurred at 1:25 pm., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Palma Virginia Bowditch M.D.	23b. ADDRESS 5800 Arsenal St.	23c. DATE SIGNED 3-11-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-15-1954	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		

DATE REC'D BY LOCAL REG. MAR 13 1954	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE T. McClendon ADDRESS Funeral Home 4535 Washington
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5.P. (Licensed Embalmer's Statement on Reverse Side)

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..... *John K. Cunningham*

Licensed Embalmer No. *44*

P. O. Address *47.00. Ham*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.