

FILED JUN 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20455**

1003

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. _____ Registrar's No. **4720**

1. PLACE OF DEATH a. COUNTY -St. Louis-		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 25 Yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		e. CITY OR TOWN St. Louis	
f. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		g. STREET ADDRESS (If rural, give location) 3338 Laclede	
3. NAME OF DECEASED (Type or Print) a. (First) Edgar b. (Middle) _____ c. (Last) Tyler		4. DATE OF DEATH (Month) 5 (Day) 19 (Year) 55	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ?	8. DATE OF BIRTH 1-3-1887
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State of Foreign Country) / Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Reater Tyler (Common-law)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME Julius E. Whittier Sec'y
17. ADDRESS 2601 N. Whittier		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH Undt.	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Encephalopathy Bronchial Asthma; Coronary Pulmonale			
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) _____		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 5-14 , 19 55 , to 5-19 , 19 55 , that I last saw the deceased alive on 5-19 , 19 55 , and that death occurred at 12:30p m., from the causes and on the date stated above.			
23a. SIGNATURE Edw. B. Williams		(Degree or title) M.D.	
23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 5-23-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) 6-30-55		24b. DATE 6-30-55	
24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		24d. LOCATION (City, town, or county) (State) Rowland-Aker Mortuary Service	
DATE REC'D BY LOCAL REG. JUN 1 1955		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE St. Louis 10, Mo.		ADDRESS 1117 Webster Ave.	

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.....

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