

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28248

BIRTH NO. 19568-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7093

1. PLACE OF DEATH a. COUNTY		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) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		e. STREET ADDRESS (If rural, give location) 18 1317 So. Boyle 2185			
3. NAME OF DECEASED (Type or Print) a. (First) DENNIE		b. (Middle)		c. (Last) TYLER	
4. DATE OF DEATH (Month) (Day) (Year) AUGUST 12, 1955		5. SEX Male <input type="radio"/>		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Feb. 13, 1955		9. AGE (In years last birthday) <input type="radio"/> UNDER 1 YEAR <input type="radio"/> UNDER 4 HRS. 6 months 6 Months Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Willie Tyler		13b. MOTHER'S MAIDEN NAME Geraldine Stinson	
14. NAME OF HUSBAND OR WIFE Nil.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No Nil.		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Geraldine Tyler, 1317 So. Boyle		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Postoperative Intestinal Obstruction</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>adhesions.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Malrotation of Intestines</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>malrotation of both large and small bowel.</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 5703	
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>June 25, 1955</u> , to <u>August 12, 1955</u> , that I last saw the deceased alive on <u>August 12, 1955</u> , and that death occurred at <u>12:05A m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Hugh Proctor MD</i>		23b. ADDRESS 1515 Lafayette		23c. DATE SIGNED 8-12-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-13-55		24c. NAME OF CEMETERY OR CREMATORY Local	
24d. LOCATION (City, town, or county) (State) Rolla, Mo.		DATE REC'D BY LOCAL REG. AUG 13 1955		REGISTRAR'S SIGNATURE <i>J. Carl Smith md</i>	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington.			

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.....
Elton H. Remelau

Licensed Embalmer No.
428

P. O. Address.....
D. Jones

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.