

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8816

FILED OCT 13 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

Question - Nature of injury - not known
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY		c. CITY OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>										
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5895 Maple Avenue				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5895 Maple Avenue			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>										
3. NAME OF DECEASED (Type or print) First Willie Middle Last Wyatt			4. DATE OF DEATH Month September Day 19 Year 1961			5. SEX Male		6. COLOR OR RACE Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/8/1905		9. AGE (last birthday) 56		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY Lewin Mathews Corp.				11. BIRTHPLACE (City and state or country) Brenham, Texas				12. CITIZEN OF WHAT COUNTRY U. S. A.							
13a. FATHER'S NAME None				13b. MOTHER'S MAIDEN NAME None				14. NAME OF HUSBAND OR WIFE Ella Wyatt											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. Unknown				17. INFORMANT Mrs. Ella Wyatt				Address 5895 Maple							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Pulmonary Embolism; Contrib; injury to left ankle; following injury suffered while working at Lewis-Mathews Co., in Monsanto, Illinois on September 14th.										INTERVAL BETWEEN ONSET AND DEATH									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (If not related to the terminal disease condition given in PART I (a)) Accident										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown									
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above															
20c. TIME OF INJURY Hour a.m. p.m. 9-14-61		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Factory		20f. CITY, TOWN, OR LOCATION Monsanto, Illinois		COUNTY		STATE									
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on _____ the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE <i>[Signature]</i>						22b. ADDRESS 1300 Clerk			22c. DATE SIGNED 9-21-61										
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9/25/61		23c. NAME OF CEMETERY OR CREMATORY Washington Park				23d. LOCATION (City, town, or county) (State) Berkley, Missouri											
24. FUNERAL DIRECTOR <i>[Signature]</i> 1221 North Grand					25. DATE RECD. BY LOCAL REG. SEP 22 1961		26. REGISTRAR'S SIGNATURE <i>[Signature]</i> Leon Smith, M.D.												

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

Melvin Blackman

Licensed Embalmer No. 3962

P. O. Address 1221 N. Y.

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.