

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

2168

-62-008858

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

VS 300  
Rev. 4/59

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*91*

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**1. PLACE OF DEATH** *MAR 7 1962*

a. COUNTY \_\_\_\_\_

b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **SAINT LOUIS** Length of stay in 1b \_\_\_\_\_

c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **D.O.A. HOMER PHILLIPS** Inside Limits Yes  No

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)

a. STATE **MO.** b. COUNTY \_\_\_\_\_

c. CITY OR TOWN **SAINT LOUIS** Inside Limits Yes  No

d. STREET ADDRESS (if outside, give location) **3722 ALDINE** Reside on Farm Yes  No

**3. NAME OF DECEASED** First Middle Last 4. DATE OF DEATH Month Day Year

**MARY NMN TYLER** **2 20 62**

5. SEX **FEMALE** 6. COLOR OR RACE **COLORED** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **12-6-09** 9. AGE (last birthday) **52**

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **DOMESTIC** 10b. KIND OF BUSINESS OR INDUSTRY **NONE** 11. BIRTHPLACE (City and state or country) **MISSISSIPPI** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **RICHARD TYLER** 13b. MOTHER'S MAIDEN NAME **CORINE WILLIAMS** 14. NAME OF HUSBAND OR WIFE **NONE**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT **RICHARD TYLER** Address **3722 ALDINE**

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Congestive Failure** (Heart)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) **434.1**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_

PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_

20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 20f. CITY, TOWN, OR LOCATION \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_

Death occurred at **11:00 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Helen L. Taylor, Coroner** 22b. ADDRESS **1300 Clark Ave.** 22c. DATE SIGNED **2-23-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 23b. DATE **2-26-62** 23c. NAME OF CEMETERY OR CREMATORY **WASHINGTONPARK** 23d. LOCATION (City, town, or county) (State) **ST. LOUIS CTY. MO.**

24. FUNERAL DIRECTOR **THOMAS JACKSON** ADDRESS **2741 DICKSON ST.** 25. DATE RECD: BY LOCAL REG. **FEB 23 1962** 26. REGISTRAR'S SIGNATURE **Earl 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 Leroy C. Bennett

Licensed Embalmer No. 4523

P. O. Address 4251 Washington

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.