

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

11242

**1. PLACE OF DEATH**

791

County.....

Registration District No.....

File No. **3291**

Township.....

Primary Registration District No. **1003**

Registered No. ....

City St. Louis (No. **ISOLATION HOSPITAL**)

St. 24th Ward)

**2. FULL NAME**

Erma Wyatt

(a) Residence. No. 42299 Eastern St. 11 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX      4. COLOR OR RACE      5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female colored single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 25 1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	28	4	6	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laundry Worker  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Tenn  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Burford Wyatt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Stella Washington

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown  
(STATE OR COUNTRY)

14. INFORMANT E. Sheridan  
(Address) **ISOLATION HOSPITAL**

15. FILED 11-2-30 K. C. H. H. H. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-31 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1930, to Mar. 31, 1930, that I last saw h. e. alive on March 30, 1930, and that death occurred, on the date stated above, at 12:30 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pulmonary Tuberculosis  
23A

CONTRIBUTORY (SECONDARY) 31 (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF.....  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS Clinical + x-ray  
(Signed) Henry J. Ehrlich M. D.  
3-31, 1930 (Address) **ISOLATION HOSPITAL**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenwood DATE OF BURIAL April 4<sup>th</sup> 1930

20. UNDERTAKER A. L. Blalock Co. ADDRESS 2726 Lucas Ave

