WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

30903

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 2046 McCausland St. ..... Ward)

File No. ..... Registered No. 8618

2. FULL NAME Lorena Wyatt

(a) Residence, No. 2046 McCausland St. 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19-1875

7. AGE YEARS 57 MONTHS 3 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo 1

FATHER

13. NAME John Berry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Rose Lieberman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT Wm H Wyatt
(ADDRESS) 2046 McCausland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Sept. 27 1932

19. UNDERTAKER Ross Lee Co
(ADDRESS) 2707 N. Grand Ave

20. FILED SEP 20 1932 Hart C. Hawkins Registrar

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1932, to Sept 25, 1932

I last saw her alive on Sept 25, 1932 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Cerebral Hemorrhage	Sept 25 1932
(2) Arterial Hypertension	

82A

Other contributory causes of importance:

(2 Arterial Hypertension

Name of operation none Date of .....

What test confirmed diagnosis? Clinic of ... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) D M Gibson, M. D.

(Address) 4337 Washington Blvd.