

NOV 4 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis, Mo. (No. 1229 Hodiamont Ave.,

File No. 39173

Registered No. 10204

St. Ward)

2. FULL NAME

Herbert E. Wyatt,(a) Residence, No. 1229 Hodiamont Ave., St. 5 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

Male

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

Mary Wyatt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 1891.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

45

1

16

OCCUPATION

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

Mechanic

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

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)

Missouri

FATHER

13. NAME

Henry A. Wyatt

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

Missouri

MOTHER

15. MAIDEN NAME Mary Berkshire

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

Missouri

17. INFORMANT Mrs. Mary Wyatt (ADDRESS) 1229 Hodiamont Ave.,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Cem., DATE Oct. /36.19. UNDERTAKER Jos. W. Clark. (ADDRESS) 1125 Hodiamont Ave.,20. FILED Oct 9, 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8/36. 1922. I HEREBY CERTIFY, That I attended deceased from Sept. 3rd, 1936, to Oct. 8th, 1936I last saw him alive on Oct 7th, 1936 Death is saidto have occurred on the date stated above, at 12.30 P.M.

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

Acute Broncho-
Pneumonia
(Non tubercular)

Date of case!

9/
11/
36

Other contributory causes of importance:

107a

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....

If so, specify.....

(Signed) James A. DeLeon, M. D.(Address) 5801 Carter ave

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.

Dr. Dickson
5801 Easton AVE.,
EV. 9044/
7-II PM.