AUG - 5 1937

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

Do not use this space.

File No. 25698
Registered No. 6872

1. PLACE OF DEATH

County 1

Township .....

City St Louis (No. St Lukes Hospital St. ..... Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Annie S. Wyatt

(a) Residence, No. 4408 Strodtman Place St., 9 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? - 1 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: Herbert P. Wyatt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 18, 1875

7. AGE: Years 61 | Months 6 | Days 29 | 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.

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.

FATHER

13. NAME: George Strodtman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

MOTHER

15. MAIDEN NAME: Sarah Jane Myers

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

17. INFORMANT (ADDRESS): Herbert P. Wyatt 4408 Strodtman Pl.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem. DATE July 19, 1937

19. UNDERTAKER (ADDRESS): Aron L. Wa [illegible] 2100 N. Grand Blvd

20. FILED JUL 13 1937 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1937, to July 17, 1937. I last saw her alive on July 17, 1937. Death is said to have occurred on the date stated above, at 7:45 a.m.

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

	Date of onset
Coronary Occlusion & Heart Failure	June 1-1937
Pulmonary Embolus	June 1937

Other contributory causes of importance: —

Name of operation — Date of

What test confirmed diagnosis? Clinical Sym. Was there an autopsy?

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) Louis F. Author, M. D.

(Address) 3720 Washington, St. Louis, Mo.

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.