

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 288
Registrar's No. 288

Registration District No. 191 Primary Registration District No. _____

1. PLACE OF DEATH: 1005
(a) County _____
(b) City or town ST. LOUIS, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1927(B) FRANKLIN AVE.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
(years, months or days)

3. (a) PRINT FULL NAME MARY WYATT
3. (b) If veteran, name war
3. (c) Social Security No. NONE
4. Sex FEMALE 5. Color or race COL.
6. (b) Name of husband or wife LEWIS WYATT
6. (c) Age of husband or wife if alive 93 years
7. Birth date of deceased ABT. 1853
(Month) _____ (Day) _____ (Year) _____

8. AGE: Years ABT. 86 Months P. Days ?
If less than one day _____ hr. _____ min.

9. Birthplace TROY MO.
(City, town, or county) _____ (State or foreign country) _____
10. Usual occupation _____
11. Industry or business NONE RECALL
12. Name UNKNOWN
13. Birthplace UNKNOWN
(City, town, or county) _____ (State or foreign country) _____
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City, town, or county) _____ (State or foreign country) _____

MOTHER FATHER
16. (a) Informant's own signature Mattie Conway
(b) Address 1927 Franklin Ave
17. (a) BURIAL (b) Date thereof 1-11-40
(Burial, cremation, or removal) _____ (Month) (Day) (Year) _____
(c) Place: burial or cremation FATHER DICKSON
18. (a) Signature of funeral director LOVE UND. CO. INC.
(b) Address 3103 WASHINGTON BLVD.
19. (a) JAN 11 1940 (b) J. B. Bradley
(Date received and registered) _____ (Registrar's signature) _____

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1927(B) FRANKLIN AVE.
(If rural, give location)
(e) If foreign born, how long in U. S. A? NATIVE years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan = day 6 -
year 1940 hour 5 - minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan 6/40
1940, 1940 to Jan 6/40, 1940
that I last saw her alive on Jan 6/40
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic endocarditis
Due to Nephritis (acute)
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Rheumatism
Major findings:
Of operations _____
Of autopsy _____
Duration 2 1/2
2 1/2
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work _____ (Specify type of place) _____ (a) Means of injury _____
23. Signature J. B. Bradley (M. D. or other) _____
Address 3305 Franklin Date signed _____

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.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Arthur L. Hilliard*

Licensed Embalmer No. *3389*

P. O. Address. *3028 Dickson*

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 this body is not embalmed, above space should be left blank.