

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.

FILED FEB 17 1940

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

634
Do not use this space.

1. PLACE OF DEATH

(a) County.....*2* Registration District No.....*791*
(b) Township..... Primary Registration District No.....*1003*
(c) City..... (d) Street No. *926* *Hodiamont ave* Registered No.....*634*
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *300* *Routh Anna Mae Wyatt*

(a) Residence, No. *926* *Hodiamont ave.* St. *5*
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Col.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>William Wyatt.</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug. 3, 1895</i>				
7. AGE	YEARS <i>44</i>	MONTHS <i>5</i>	DAYS <i>16</i>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. <i>Housewife</i>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN)..... <i>St. Louis</i> (STATE OR COUNTRY)..... <i>Mo.</i>				
FATHER	13. NAME <i>Jonnie Williams</i>			
	14. BIRTHPLACE (CITY OR TOWN)..... <i>Miss.</i> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <i>Maggie Goodwin</i>			
	16. BIRTHPLACE (CITY OR TOWN)..... <i>St. Louis</i> (STATE OR COUNTRY)..... <i>Mo.</i>			
17. INFORMANT <i>William Wyatt</i> (ADDRESS) <i>926 Hodiamont ave.</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Washington Park</i> DATE <i>Jan. 25</i> <i>40</i> 19				
19. FUNERAL DIRECTOR (NAME) <i>Dement & Son</i> (ADDRESS) <i>2629-31 Wash st.</i>				
20. FILE <i>JAN 22 1940</i> <i>J. B. Blodsch</i> Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-19-1940*

22. I HEREBY CERTIFY, That I attended deceased from *1-1-1940* to *1-19-1940*
I last saw her alive on *1-19-1940* Death is said to have occurred on the date stated above, at *9:30 A.M.*
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
Date of onset *1-1-40*

Other contributory causes of importance
Lobar Pneumonia

Name of operation *no* Date of *no*
What test confirmed diagnosis? *Symptoms* 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 *L. E. Vincent*, M. D.
(Signed) *L. E. Vincent*
(Address) *2336^e market*

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 L. Boyer
....., Registered Apprentice No. Myself
working under my personal supervision.

Signed

L. Boyer

Licensed Embalmer No. 294

P. O. Address St. Louis 9

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

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