S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1942 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16837

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 4643

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(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:
Homer Phillips Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 25 days (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 921
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 2025 Division St.
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Herman Wyatt

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE 2

5. Color or race Col

6. (a) Single, widowed, married, divorced Single O

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased NOV. (Month) 2 (Day) 1897 (Year)

8. AGE:

Years	Months	Days	If less than one day
44	6	22	hr. min.

9. Birthplace Dyer (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Laborer

11. Industry or business —

FATHER
12. Name Andrew Wyatt
13. Birthplace Dyer (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Ada Ball
15. Birthplace Glascow Co. (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Harry Wyatt
(b) Address 2025 Division St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Ellis Fun Home
(b) Address 2828 Stoddard St.

19. (a) MAY 28 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24, year 1942 hour 9 minute 05 A. M.

21. I hereby certify that I attended the deceased from March 29, 1942 to May 24, 1942 that I last saw her alive on May 24, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	Indef.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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? (Specify type of place)
While at work? (e) Means of injury .....

23. Signature H. J. Erwin (M. D. or other)
Address 2601 Whittier Date signed 5/25/42

Y44 (Licensed Embalmer's Statement on Reverse Side)

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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 Boy[illegible]

....., Registered Apprentice No. [illegible],

working under my personal supervision.

Signed Lorimer Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis Mo

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, fact should be so stated above.