S. No. 2
0M—2-43
FILED JUL 24 1943
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23580

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6477

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Grand-Pine Hotel,/Grand & Lindell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days. (Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 21

(c) City or town St. Louis. 9
(If outside city or town limits, write "RURAL")

(d) Street No. Grand-Pine Hotel, Grand & Lindell
(If rural, give location)

(e) Citizen of foreign country? 206 N. Grand (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Roy W. Tyner

3. (b) If veteran, name war No

3. (c) Social Security No. 493-09-7480

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Bertha Tyner

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

7. Birth date of deceased September (Month) 13. (Day) 1890 (Year)

8. AGE: Years 52 Months 10 Days 4 If less than one day hr. min.

9. Birthplace Poplar Bluff, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman for Kaapp-

11. Industry or business Monarch

FATHER
12. Name Harrison Tyner
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant George Tyner

(b) Address 3660 Hartford St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 19 (Day) 43 (Year)

(c) Place: burial or cremation Woodlawn Cem. Poplar Bluff, Mo. by rail

18. (a) Signature of funeral director Wacker-Helderle Und. Co.

(b) Address 3634 Gravois Avenue

19. (a) JUL 18 1943 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1943 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from July 7, 1943, to July 17, 1943 that I last saw him alive on July 16, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	10 days
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 0

23. Signature L. B. Harrison (M. D. or other)

Address 607 No. Grand Date signed 7-17-43

(Licensed Embalmer's Statement on Reverse Side)

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 Robert Cwheeler

Licensed Embalmer No. 2128

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.