V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 7 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31844

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 2000

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town Clayton Township VES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
~~117 PLANT AVE~~ St. Louis Co. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 30 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 117 PLANT AVE.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME SIMEON RAY TYLER
3. (b) If veteran, name war NO
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY TYLER
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased OCTOBER-10-1883 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
60	11	19	— hr. — min.

9. Birthplace ST LOUIS (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation VICE PRESIDENT
11. Industry or business LACLEDE STEEL CO.
FATHER
12. Name GEORGE S TYLER
13. Birthplace UNKNOWN (City, town, or county) NEW YORK (State or foreign country)
MOTHER
14. Maiden name JENNIE RAY
15. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant Simeon R. Tyler, Jr.
(b) Address 117 Plant Ave - Webster Groves
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-2-1944 (Month) (Day) (Year)
(c) Place: burial or cremation OAK HILL CEMETERY
18. (a) Signature of funeral director Parker Und. Co
(b) Address WEBSTER GROVES - MO.
19. (a) OCT 2 1944 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature) cms

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29 year 1944 hour 7:25 minute P M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes.

Due to Coronary occlusion due to arteriosclerosis.

Due to 94a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes.

Duration

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
(Signature) Harry G. Fischer Coroner
Address Clayton, Mo. 10-2-44 Date signed

(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 Leslie Welch, Registered Apprentice No. 362, working under my personal supervision.

Signed E. E. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Groves

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.