

S. No. 2  
OM-2-43  
v. 5-17-39  
X 35697

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH OF MISSOURI

26299

**FILED SEP 7 1945 STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7629**

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1028 1/2 So. 9th**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **1 yr, 8 mo.** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **000 22**  
(c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1028 1/2 South 9th, St.** **9**  
(If rural, give location)  
(e) Citizen of foreign country? **No** **0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Blanche Wyatt**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Fem /** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Curry Wyatt** 6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **Nov. 25 1904**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**40 9 5** hr. min.

9. Birthplace **Portageville Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Emmerson Jackson**

13. Birthplace **Tennessee** (State or foreign country)

14. Maiden name **Marie Adams** (State or foreign country)

15. Birthplace **Kentucky** (City, town, or county) (State or foreign country)

16. (a) Informant **Curry Wyatt**

(b) Address **1028 1/2 So. 9th St., St. Louis, Mo**

17. (a) **Ship** (b) Date thereof **Aug 31, 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Portageville, Mo.**

18. (a) Signature of funeral director **A. W. McLaughlin**  
(b) Address **2301 Lafayette Ave. St. Louis, Mo.**

19. (a) **AUG 31 1945** (b) **J. F. Bedeck**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **8** day **30**  
year **45** hour **1** minute **58 P-** M.

21. I hereby certify that I attended the deceased from **5-28-45** to **8-30-45**  
that I last saw him alive on **8-30-45**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of uterus**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations **486**  
Of autopsy \_\_\_\_\_

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 **O. J. Klaepfel** (M. D. or other) \_\_\_\_\_  
Address **905 Morrison St.** Date signed **8/31/45**

Duration

**1 year**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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.....

*R. R. Casper*

Licensed Embalmer No... *36323* .....

P. O. Address... *2317 Lafayette* .....

**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.**