

FILED FEB 17 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. 6076

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

2198

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
in this community See above  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Das  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2622 Clark Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME TYLER, Earl C.

3. (b) If veteran, name war World I  
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Esther Tyler  
6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased September 4 1895  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>4</u>	<u>27</u>	hr. _____ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician Helper

11. Industry or business --

MOTHER FATHER

12. Name Samuel Tyler

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Beadon

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Mo.

17. (a) Burial (b) Date thereof 2-4-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Jefferson Brks Mo

18. (a) Signature of funeral director J. H. Randall & Son

(b) Address 3133 Bell ave

19. (a) 2-5-46 (b) E. J. Lavenor  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31  
year 1946 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from January 30, 1946 to January 31, 1946;  
that I last saw him alive on January 31, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death HYPERTENSIVE & CORONARY ARTERIOSCLEROTIC HEART DISEASE WITH MYOCARDIAL DAMAGE & INSUFFICIENCY. Duration Unknown

~~XXX~~ Contributory Cause ASTHMA, BRONCHIAL. Duration Unknown

Due to --  
Other conditions --  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations No operation  
Of autopsy No 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) No.  
(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?

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury: \_\_\_\_\_

23. Signature Harvey E. Bisk Major (M. D. or other) M.C.  
Acting Clinical Director.  
Address Vet. Adm. Hosp. Jeff. Brks. Mo. Date signed 1/31/46

**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

*J. Watson*

Licensed Embalmer No. *2698*

P. O. Address. *2769 Chestnut*

**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.**