No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 3175

Registrar's No. 241

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

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 St. Mary's Infirmary (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks (Specify whether years, months or days)
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Wellston (If outside city or town limits, write "RURAL")
(d) Street No. 6319 Wagner (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME America Tyler
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Jefferson Tyler
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 27th (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	8	8	hr. min.

9. Birthplace St. Louis County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER: 12. Name George Williams
13. Birthplace St. Louis Co., Missouri (City, town, or county) (State or foreign country)
MOTHER: 14. Maiden name Mary Rankin
15. Birthplace St. Louis Co., Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mayme Brown
(b) Address 6319 Wagner
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Avenue
19. (a) JAN 9 1948 (Date received with registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 5th year 1948 hour 7 minute 50 A.M.
21. I hereby certify that I attended the deceased from Nov. 7th, 1947 to Jan. 5th, 1948 that I last saw her alive on January 5th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Arteriosclerotic Heart Disease-7wks.
Due to
Due to
Other conditions None (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Calvin Moore (M. D. or other) MD
Address Taylor & Easton Date signed

Jefferson City Printing Co.
(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 John K. Cunningham Registered Apprentice No. 452 working under my personal supervision.

Signed

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Avenue

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.