

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED APR 12 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

10792  
3182  
State File No. ....  
Registrar's No. ....

Registration District No. 318 Primary Registration District No. 1003

20  
17  
9

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

1. PLACE OF DEATH:  
(a) County  
(b) City or town St. Louis  
(c) Name of hospital or institution: Homer G Phillips Hospital  
(d) Length of stay: 2 days  
In this community 2 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(d) Street No. 4405 Enright  
(e) Citizen of foreign country? 11

3: (a) PRINT FULL NAME Simmie Tyus  
(b) If veteran, name war No  
(c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 30  
year 1948 hour 6 minute 30 p. M.  
21. I hereby certify that I attended the deceased from March 28 19 48 to March 30 19 48  
that I last saw him alive on March 30 19 48  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race col  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Rosa Tyus  
6. (c) Age of husband or wife if alive 42 years  
7. Birth date of deceased April 10 1909

Immediate cause of death Malignant Hypertension  
Hypertensive Heart Disease with  
Decompensation  
Due to Uremia  
Other conditions Uremia  
(include pregnancy within 3 months of death)

8. AGE: Years 38 Months 11 Days 20  
If less than one day hr. min.

Major findings:  
Of operations  
Of autopsy No  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace Washington Ark  
10. Usual occupation Paraphernalia  
11. Industry or business

MOTHER, FATHER  
12. Name Jimmie Tyus  
13. Birthplace Ark  
14. Maiden name Mona  
15. Birthplace Washington Ark

16. (a) Informant Rosa Tyus  
(b) Address 27 So 23 St  
17. (a) Removal  
(b) Date thereof 4-2-48

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(c) Place: burial or cremation Washington, Ark  
18. (a) Signature of funeral director W. J. Probeck  
(b) Address 3517 Sackville Ave  
19. (a) Apr 1 (b) J. F. Probeck  
(Date received local certificate) (Registrar's signature)

While at work (Specify type of place) (c) Means of injury 0  
23. Signature Oscar J. Daniels (M. D. or other)  
Address 2601 N Whittier Date signed 3/31/48

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 \_\_\_\_\_

Jesse E. Lund, Registered Apprentice No. 514  
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 1173

P. O. Address 357 S. Leland Ave

**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.**