

FILED NOV 12 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34784

State File No.

9594

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

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:
2721 Bernard Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Maggie Tyler

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 25 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 5 6 hr. _____ min.

9. Birthplace Wyoming Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Unknown G

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

14. Maiden name Unknown

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

16. (a) Informant Ivory Lee

(b) Address 2721 Bernard Street

17. (a) Burial (b) Date thereof 11. 4. 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director L. H. Harrison Und. Co.

(b) Address 2906 Lawton Blvd

19. (a) NOV 4 1948 (b) J. B. Pustan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 001
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2721 a Bernard Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 1
 year 48 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10-19-1948 to 11-1-1948
 and that I last saw her alive on Nov - 1 - 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration _____

Due to _____

Due to _____

Other conditions eye
(Include pregnancy within 9 months of death)

Major findings: Of operations _____

Of autopsy No

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? _____

While at work? _____
(Specify type of place) (Means of injury)

23. Signature Dr. Edward Bell (M. D. or other) M.D.

Address 2901 1/2 Lucile Ave. St. Louis Date signed 11-3-48

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 *Ralph W. Hemon*

Licensed Embalmer No. *3791*

P. O. Address *St. Louis, Mo*

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.