

FILED AUG 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25336

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BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>D. on Arr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2199</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillipina Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>3959 McPherson Ave</u>			
3. NAME OF DECEASED (Type or Print) <u>Wyart</u>			a. (First) <u>Wyart</u>	b. (Middle) <u>Taylor Jr.</u>	c. (Last) <u>Taylor Jr.</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 29 1950</u>	5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>	8. DATE OF BIRTH <u>Jan. 29 1925</u>	9. AGE (In years last birthday) <u>25</u>	IF UNDER 1 YEAR Months <u>7</u> Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Porter</u>	11. BIRTHPLACE (State or foreign country) <u>Haldbrook Arz.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Wyart</u>		13b. MOTHER'S MAIDEN NAME <u>Johnnie</u>		14. NAME OF HUSBAND OR WIFE <u>Richie Marcella Taylor</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>492-20-8640</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Johnnie Harden 5447 N. Sarah St</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation suffered when released was crushed while working in elevator pit at Esquire Hotel 447 N. Sarah St about 9:25 AM July 29 1950</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Released was crushed while working in elevator pit at Esquire Hotel 447 N. Sarah St about 9:25 AM July 29 1950</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>9:25 AM July 29 1950</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hotel</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>000</u> (COUNTY) _____ (STATE) <u>MO</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 29 50 9:25 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Crushed by Elevator E 9366</u>				
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:25 AM</u> , from the causes and on the date stated above. <u>710</u>						
23a. SIGNATURE <u>Alfred Perry</u>			23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>7/31/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 4 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>		
DATE RECD BY LOCAL REG. <u>AUG 2 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John W. Hemphill 408 S. Fillmore Kirkwood 22. Mo.</u>			

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

J. J. Watson

Signed _____
Student Embalmer

Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

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.