

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31976**
Registrar's No. **8520**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (In this place) 1 week	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If rural, give location) 5733 Cabanne	

3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) Lee c. (Last) Wyatt			4. DATE OF DEATH (Month) (Day) (Year) Sept. 25, 1951		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 17, 1860	9. AGE (In years last birthday) 90yrs	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Traffic Mgr.		10b. KIND OF BUSINESS OR INDUSTRY Stock Yards	11. BIRTHPLACE (State or foreign country) Dayton Ohio		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas Wyatt		13b. MOTHER'S MAIDEN NAME Mary A. Wyatt		14. NAME OF HUSBAND OR WIFE Alice F. Wyatt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alice F. Wyatt 5733 Cabanne	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelo-nephrosis (non-calculous)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Sclerotic Heart Disease DUE TO (c) General Senility		
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 no operation	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (i.e., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H200

22. I hereby certify that I attended the deceased from **May 20, 1951**, to **Sept. 25, 1951**, that I last saw the deceased alive on **Sept. 24, 1951**, and that death occurred at **7:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE J. W. Norton (Degree or title) M. D.	23b. ADDRESS 634 No Grand - St. Louis - Mo	23c. DATE SIGNED 9-26-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal &	24b. DATE Sept 25, 1951	24c. NAME OF CEMETERY OR CREMATORY Dayton Cemetery
24d. LOCATION (City, town, or county) (State) Dayton Ohio		

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SEP 26 1951 J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons 10175 Delmar
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Joseph E. McCulloch
Licensed Embalmer No. 2460

P. O. Address 6170 Delmar

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.