

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39843

FILED DEC 8- 1951

State File No. _____
Registrar's No. 10542

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 <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
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>2 1/2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4282 Sullivan Avenue</u>		d. STREET ADDRESS (If rural, give location) <u>4282 Sullivan Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Pearl</u> b. (Middle) _____ c. (Last) <u>Tyler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11. 24 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 6, 1889</u>		9. AGE (in years last birthday) <u>62</u> # UNDER 1 YEAR: _____ # UNDER 1 MONTH: _____ # UNDER 1 DAY: _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) <u>Humphrey, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? -----

13a. FATHER'S NAME <u>Isiah Proffitt</u>	13b. MOTHER'S MAIDEN NAME <u>Lena Givens</u>	14. NAME OF HUSBAND OR WIFE <u>Horace Tyler</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edward Tyler, 4282 Sullivan Avenue</u>		ADDRESS <u>4282 Sullivan Avenue</u>
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis (sudden)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiovascular</u> DUE TO (c) <u>Ar disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
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 -----		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4201</u>	
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22. I hereby certify that I attended the deceased from 8-11, 1951, to 11-24, 1951, that I last saw the deceased alive on 11-20, 1951, and that death occurred at 7:35 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Leon B. Smart M.D.</u>	(Degree or Title)	23b. ADDRESS <u>4064 E. Easter Ave</u>	23c. DATE SIGNED <u>11.26.51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11/28/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Local Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Helena, Arkansas</u>
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DATE REC'D BY LOCAL REG. <u>NOV 27 1951</u>	REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. M. C. Green, 3517 Laclede Avenue</u>		ADDRESS <u>3517 Laclede Avenue</u>
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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.....

Melvin E. Green

Signed.....
Student Embalmer

Licensed Embalmer No. 4428

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.