

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2240
Registrar's No. 2240

FILED MAR 18 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

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) St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2219	
c. LENGTH OF STAY (in this place) 0-WKS.		d. STREET ADDRESS (If rural, give location) 1811 Delmar Blvd. 21	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1			
3. NAME OF DECEASED (Type or Print) a. (First) ELECTRA b. (Middle) M. c. (Last) TYLER			4. DATE OF DEATH February 25, 1953
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH Nov. 11, 1913
9. AGE (In years last birthday) 39		10. MONTHS 3	11. DAYS 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer, Fox Bros. Box Co.		10b. KIND OF BUSINESS OR INDUSTRY Co.	11. BIRTHPLACE (City and State or Foreign Country) Electra, Texas
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Melvin Tyler		13b. MOTHER'S MAIDEN NAME Willie Webb	14. NAME OF HUSBAND OR WIFE
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. 494-05-5132	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Harold Tyler, 1219 Hebert St.
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>malignant hypertension</u> INTERVAL BETWEEN ONSET AND DEATH <u>6+ mo.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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>thoracolumbar sympathectomy</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)	
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? <u>445X</u>	
22. I hereby certify that I attended the deceased from <u>January 12, 1953</u> , to <u>February 25, 1953</u> , that I last saw the deceased alive on <u>February 25, 1953</u> , and that death occurred at <u>9:00 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>CA Luer MD</u>		23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 2-25-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 28, 1953	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
DATE REC'D BY LOCAL REG. FEB 27 1953	REGISTRAR'S SIGNATURE <u>Carl Smith</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>	ADDRESS 3840 Lindell Blvd.

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.

Student
Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3565

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.