

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2932

State File No.
0133

FILED JAN 26 1954

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

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G Phillips Hospital		e. STREET ADDRESS (If rural, give location) 3923 Finney 2119			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Viola			b. (Middle) Mae		
c. (Last) Hyatt			c. (Month) Jan. (Day) 3 (Year) 1954		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Unknown 1886	9. AGE (In years last birthday) Abt. 67	10. UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dressmaker		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Mitchell Hyatt		13b. MOTHER'S MAIDEN NAME Mary Williams		14. NAME OF HUSBAND OR WIFE no ne	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Willie Daniels, 3708 Cook Avenue	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Luetic Heart Disease with Aortic Regurgitation		II. OTHER SIGNIFICANT CONDITIONS None			Undet.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) _____			
		DUE TO (c) _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 023X	
22. I hereby certify that I attended the deceased from 10-31 , 1953 , to 1-3 , 1954 , that I last saw the deceased alive on 1-3 , 1954 , and that death occurred at 10:15pm. , from the causes and on the date stated above.					
23a. SIGNATURE E. B. Williams		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 1-5-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/9/54		24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates, 4107 Finney Avenue			
DATE REC'D BY LOCAL REG. JAN 7 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		ADDRESS	

5, 6 (Licensed Embalmer's Statement on Reverse Side)

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..

Student.....
Signature of Student Embalmer

Signed *Arthur L. Helliard*.....

Licensed Embalmer No. *42*.....

P. O. Address *4524*.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**