WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

5828

1. PLACE OF DEATH

42 County St Charles — Registration District No. 757 — File No.

4 Township — Primary Registration District No. 3036 — Registered No. 19

8 City St Charles (No. St Josephs Hospital St. Ward)

2. FULL NAME Henry Wyhs.

(a) Residence, No. B.B. #1 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mildred Gage Wyhs.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 17 - 1889

7. AGE: YEARS 42 — MONTHS 5 — DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer 127
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Water Works.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Charles Mo

FATHER

13. NAME: Henry Wyhs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Charles Mo

MOTHER

15. MAIDEN NAME: Margaret Stress
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

17. INFORMANT (ADDRESS): Frank Wyhs 1821 Watson St St Charles Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Peters Cem. DATE: Feby 15 1932

19. UNDERTAKER (ADDRESS): H. Dallmeyer & Sons Co 800 N. 2nd St. St Charles Mo

20. FILED: 2/15 1932 Hy. G. Blackburn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feby 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29th, 1932, to Feb. 12th, 1932
I last saw him alive on Feb. 12th, 1932. Death is said to have occurred on the date stated above, at 12:28 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstruction of Bowels, or Ileus.	
Mesenteric Thrombus	

Other contributory causes of importance:
Abscess (intra-abdominal) due to Thrombus
breakdown of tissues

Name of operation: Laparotomy to remove fist. Date of 4th
Laboratory 2-16-32
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) B. P. Wenker, M. D.
(Address) St. Charles Mo.