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

Do not use this space.

21279

File No. .....

Registered No. 5836

1. PLACE OF DEATH

County ..... Registration District No. 7201

Township ..... Primary Registration District No. .....

City St. Louis (No. Jewish Hospital St. ..... Ward)

2. FULL NAME Wyman, Betty

(a) Residence, No. 416 Cedar Ave St., 12 Ward. Du Quoin Ill
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? 12 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Abe Wyman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 1905

7. AGE: Years ~~about 30~~ 27 years; Months 1; Days 5; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 535

10. Date deceased last worked at this occupation (month and year) June 1932

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

FATHER

13. NAME Simon Koplowitz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER

15. MAIDEN NAME Brocha Lentzner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT Abe Wyman
(ADDRESS) 416 Cedar Ave Du Quoin Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE June 22 1932

19. UNDERTAKER Oxenhandler
(ADDRESS) 4418 Washington Blvd.

20. FILED June 21 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1932, to June 20, 1932

I last saw h. alive on June 20, 1932. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Operation for Laceration of Cervix due to Child Birth 6 or 7 yrs. ago

Other contributory causes of importance:

Post-operative Hemorrhage

Name of operation Trachelorrhaphy Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) Fred J. Tansey, M. D.

(Address) 3720 Washington

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.

STATE OF MISSOURI, }
CITY OF ST. LOUIS. } ss.

Alz Wyman, being duly sworn, upon her oath states that she is the widow of Betty Wyman, who died at the City of St. Louis on the 20 day of June, 1932; That affiant is the beneficiary in policy No. 167918, of Lodge No. ....., of the Bankers reserve Life Insurance Co.; That this affiant is the person who signed the proof of death filed with said Company on the 20 day of June, 1932; That affiant stated in said proof of death that deceased was aged 30 years; that said statement was made by error; That in truth and in fact deceased was born at Prussia, on the 15 day of May - 1905, and in truth and in fact deceased was aged 27 years at the time of his death.

Alz Wyman

Subscribed and sworn to before me the 6 day of ~~September~~ July, 1932

My term expires Sept. 4. 1935

Edward T. Burkardt
Notary Public.