

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

Do not use this space.

DEC 2 1935

1. PLACE OF DEATH St. Mary's Infirmary

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis (No. 1536)

Papin

File No.....  
Registered No. 9907 Ward

2. FULL NAME Theresa Wynn

(a) Residence, No. 909 No. 19th St. St. 2/ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
4 11

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) MISSOURI

13. NAME Walter Wynn

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Ida Robinett

16. BIRTHPLACE (CITY OR TOWN) Healdsburg (STATE OR COUNTRY) Hy.

17. INFORMANT Ida Wynn (ADDRESS) 909 No. 19th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 11-27-35

19. UNDERTAKER J. F. Stalton (ADDRESS) 2707 St. Louis

20. FILED 36 1935 19 J. F. Brebeck Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 8, 1935 to November 25, 1935

I last saw h. or alive on November 25, 1935 Death is said to have occurred on the date stated above, at 11:55A.M.

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

Margasmus Broncho-pneumonia

Other contributory causes of importance: Dehydration

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? No.

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 James E. Jackson, M. D.  
(Signed) 1536 - Papin St. (Address)

OCCUPATION  
MOTHER  
FATHER

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.

