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.

REC'D MAR 14 1938

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

6187
Do not use this space.

1. PLACE OF DEATH
(a) County: Buchanan 2
(b) Township: 1
(c) City: St. Joseph,
Registration District No.: 85
Primary Registration District No.: 1001
Registered No.: 263
(d) Street No.: 1617 Buchanan Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred: 52 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Charles Hamilton Wykert 2 63
(a) Residence, No.: 1617 Buchanan Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar, 31, 1857

7. AGE: Years 80 | Months 10 | Days 27 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired Patrolman.
9. Industry or business in which work was done, as saw mill, bank, etc.: St. Joseph Police Dept.
10. Date deceased last worked at this occupation (month and year): 1920
11. Total time (years) spent in this occupation: 21

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Doniphan Co, Kansas

FATHER
13. NAME: Nicholas Wykert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Penn.

MOTHER
15. MAIDEN NAME: Mary Jane Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Moundsville, W.Va.

17. INFORMANT (ADDRESS): Noah A. Wykert St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Auburn Cemetery DATE: Mar. 2, 1938, 19

19. FUNERAL DIRECTOR (ADDRESS): Walter Meierhofer 1302 Faraon St. St. Joseph, Mo.

20. FILED: Feby 28, 1938 T. J. Neetlebrock By [illegible] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb, 28, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Feb 28, 1938.
I last saw him alive on Feb 28, 1938. Death is said to have occurred on the date stated above, at 3:55 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis (Chronic)	?
131	
Other contributory causes of importance:	
Myocarditis	?

Name of operation: Date of:
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) [illegible], M. D.
(Address) Central Bldg., St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Wilbur H. Kelly, Licensed Embalmer No. No. 394

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Wilbur H. Kelly

Licensed Embalmer No. No. 394

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)