OCT 14 1939

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

Do not use this space.

31253

File No.

Registered No. 8316

Registration District No. 1003

Primary Registration District No.

1. PLACE OF DEATH

County 1

Township 1

City ST. LOUIS (No. 2821, DAYTON AVE St. Ward)

2. FULL NAME 500 INFANT WYNN

(a) Residence, No. 1400½ GLASGOW St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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: 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) 9-23-39

7. AGE: YEARS | MONTHS | DAYS: 19 wks gestation | 8 05 PM | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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) (STATE OR COUNTRY) ST. LOUIS, MO. 0

FATHER

13. NAME THEOPHILUS WYNN 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) STARKSVILLE MO. 1

MOTHER

15. MAIDEN NAME EULA MARY HENDERSON

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DE WITT ARK

17. INFORMANT MRS. EULA WYNN
(ADDRESS) 1400½ Glasgow

18. BURIAL, CREMATION, OR REMOVAL
PLACE DEPT. PATHOLOGY DATE SEP 28 1939, 19

19. UNDERTAKER WASHINGTON UNIV. MED. SCHOOL
(ADDRESS) Anatomical Purposes

20. FILED SEP 28 1939, 19 J. E. Budesch Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8 05 PM, 19..., to 9-23-39, 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8 05 p.m.

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

	Date of onset
STILLBORN	
19 WKS. GESTATION	

Other contributory causes of importance:

Name of operation ... 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) E. R. Zieber, M. D.

(Address) 630 S. KINGSHIGHWAY

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.

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

MARGIN RESERVED FOR BINDING

50M-10-22-36 X9314

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