

FILED AUG 28 1941

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5803

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Rolla
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1941 hour 10 minute 30
21. I hereby certify that I attended the deceased from July 7
1941 to July 13 1941
that I last saw him alive on July 13 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal obstr Duration 4 days
Due to Larcenome of Colon 3 m
Due to Cause not known

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Ring Carcinoma of sigmoid Colon
Physician _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature James Wylie (M. D. or other) _____
Address Metropolitan Bldg Date signed 7/14/41

3. (a) PRINT FULL NAME Samuel Jackson Wylie
3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella Cynthia 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased June 30 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name James Wylie
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Hilda Lowe
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella Wylie
(b) Address Rolla, Mo.

17. (a) Removal (b) Date thereof 7/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rolla, Mo.

18. (a) Signature of funeral director Null & Son,
(b) Address Rolla, Mo.

19. (a) III 14 1941 (b) J. W. Brudrak
(Date received local Registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Ernest W. Wilkinson

Licensed Embalmer No. **3575**

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.