

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6293**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
 (b) City or town St. Louis, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Homer G. Phillips Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 days  
 In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town St. Louis, (If outside city or town limits, write "RURAL")  
 (d) Street No. 1128 Hadley (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Mary Wynn

3. (b) If veteran, name war

No

3. (c) Social Security No.

Unk

4. Sex

Fem

5. Color or race 3 Col

6. (a) Single, widowed, married, divorced, widowed 2 Divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased

May 10, 1889

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>1</u>	<u>26</u>	hr. _____ min.

9. Birthplace

Mississippi  
 (City, town, or county) (State or foreign country)

10. Usual occupation

Laundress

11. Industry or business

MOTHER FATHER

12. Name

Chas. Thomas

13. Birthplace

Mississippi  
 (City, town, or county) (State or foreign country)

14. Maiden name

Ann Coleman

15. Birthplace

Mississippi  
 (City, town, or county) (State or foreign country)

16. (a) Informant

Lubell Davis

(b) Address

1219a N. 13th Street

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof 7/12/43

(Month) (Day) (Year)

(c) Place: burial or cremation

Greenwood Cemetery

18. (a) Signature of funeral director

R. M. C. Green

(b) Address

3517 Laclade Avenue

19. (a)

7/12/43

(Date received local registrar)

J. J. Brueck

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6, year 1943 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from July 2, 1943, to July 6, 1943;

that I last saw her alive on July 6, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death  
Hypertensive Heart Disease  
Chr. Nephritis  
Uremia  
 Due to \_\_\_\_\_

Duration  
Unk.  
Unk.  
Terminal

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 0

23. Signature S. E. Smith (M. D. or other)

Address 260 W. Hatter Date signed 7/16/43

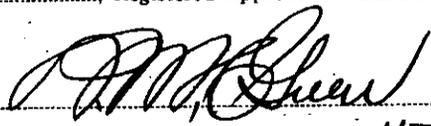
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed.....  


Licensed Embalmer No. 1173

P. O. Address 3517 Laedele ave

**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.**