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135697

FILED MAY 19 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
(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 \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME James Wycoff

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Late Julia Ann Wycoff 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 2nd 1864  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>79</u> | <u>4</u> | <u>24</u> | hr. _____ min.       |

9. Birthplace St. James Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Stationery Fireman retired 12 Yrs.

11. Industry or business \_\_\_\_\_  
12. Name Martin Wycoff  
13. Birthplace St. James Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Pinson  
15. Birthplace St. James Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Lammert  
(b) Address 644 Tower Grove Ave.

17. (a) Burial (b) Date thereof 4-29-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuary  
(b) Address 4228 So. Kingshighway Blvd.

19. (a) APR 26 1944 (b) J. J. Branch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4336 Hunt Ave.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th  
year 1944 hour 3:25 minute A.M.

21. I hereby certify that I attended the deceased from 4-25-44 to 4-26-44  
that I last saw him alive on 4-26-44, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to Pneumonia

Due to Myocardial infarction

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?

23. While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. L. ... (M. D. or other) \_\_\_\_\_  
Address 4932 ... Date signed \_\_\_\_\_

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

MOTHER FATHER

**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 *Elmer A. Mc Dermott*

Licensed Embalmer No. *3024*

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.**