U. S. No. 2
100M—2-43
Rev. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 11 1945

State File No. 22772

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6936

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: 3727 Tennessee Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17 16
(If outside city or town limits, write "RURAL")
(d) Street No. 3727 Tennessee 0
(If rural, give location) 1
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph W. Wycoff

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise

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

7. Birth date of deceased Oct. (Month) 8 (Day) 1881 (Year)

8. AGE: Years 63 Months 9 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) Kentucky 1 (State or foreign country)

10. Usual occupation Fireman

11. Industry or business St. Louis Fire Dept.

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace (City, town, or county) Unknown 6 (State or foreign country)

16. (a) Informant Louise Wycoff 1

(b) Address 3727 Tennessee Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 9, 1945. (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Tucker-Belderle

(b) Address 3634 Gravois Ave.

19. (a) AUG 7 1945 (Date received local registrar) (b) J. F. Broeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5 year 1945 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from July 5, 1945, to Aug 5, 1945 that I last saw him alive on Aug 4, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver — Duration 30 D

Due to

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? (Specify type of place)

While at work? (e) Means of injury

20. Signature (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.