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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1945

State File No. 29505

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7979

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: 2614 A PARK AV. 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2614 A PARK AV. 0 23
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CHARLES, ALBERT WYMAN

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife PEARL WYMAN

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased APRIL (Month) 6 (Day) 1886 (Year)

8. AGE: Years 59 Months 4 Days 4 If less than one day hr. min.

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

10. Usual occupation SWITCHMAN

11. Industry or business TERMINAL R.R.

FATHER
12. Name UNK. WYMAN
13. Birthplace IOWA 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNK. UNKNOWN
15. Birthplace IOWA 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Pearl Wyman
(b) Address 2614 A Park Av.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 13-45 (Month) (Day) (Year)
(c) Place: burial or cremation NEW ST. MARCUS CEM

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av.

19. (a) SEP 12 1945 (Date received local registrar) (b) J. P. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept day 10 year 1945 hour 3 minute 15 p.M.

21. I hereby certify that I attended the deceased from Aug 15th, 1945, to Sept 10th, 1945; that I last saw him alive on Sept 8th, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	1 da
Due to Arteriosclerosis	?
Due to	
Other conditions Cancer of Prostate (Include pregnancy within 3 months of death)	6 mo

Major findings:
Of operations no 51 lb
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

23. Signature B. Shanklin (M. D. or other)

Address 1514 S. Jefferson Av. Date signed 9/11/45

(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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette 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.