

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39467

State File No. 9739

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1210 N. Newstead		d. STREET ADDRESS (If rural, give location) 1210 N. Newstead			
3. NAME OF DECEASED (Type or Print) a. (First) Georgia		b. (Middle)		c. (Last) Wynn	
4. DATE OF DEATH (Month) (Day) (Year) Nov 9, 1949		5. SEX F		6. COLOR OR RACE col	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Oct 10, 1873		9. AGE (In years last birthday) Months Days Hours Min. 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ala.	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME George Bourn		13b. MOTHER'S MAIDEN NAME Margaret	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Wynn 1210 N. Newstead		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) chronic Rheumatism II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 936	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4222	
22. I hereby certify that I attended the deceased from Nov 6, 1949 , to Nov 9, 1949 that I last saw the deceased alive on Nov 9, 1949 , and that death occurred at 2:30 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE S. J. Fessler		(Degree or title)		23b. ADDRESS 1015 N. Harrison	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Nov 14/49	
24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis MO		25. FUNERAL DIRECTOR'S SIGNATURE F. A. Green	
DATE REC'D BY LOCAL REG. Nov 12 1949		REGISTRAR'S SIGNATURE J. B. Fessler		ADDRESS 4214 Delmar	

Georgia High

7-1 - 1966

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed F. C. Allen

Licensed Embalmer No. 2963

P. O. Address 4214 Selman

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.