

S. No. 300 *File No. APR 25 1952*
 V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **14953**
 Registrar's No. **3426**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2114	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, mo		c. CITY (If outside corporate limits, write RURAL and give township) 0	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 1110 North Vandeventer	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Mary's Infirmary			
3. NAME OF DECEASED a. (First) Mildred b. (Middle) Juwine c. (Last) Wyers		4. DATE OF DEATH (Month) (Day) (Year) April 9, 1952	
5. SEX 3	6. COLOR OR RACE Edna Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 5, 1907
9. AGE (In years, last birthday) 45		10. MONTHS 2 11. DAYS 4	
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) Confessionary		10b. KIND OF BUSINESS OR INDUSTRY Clerk	
11. BIRTHPLACE (State or foreign country) Miss!		12. CITIZEN OF WHAT COUNTRY? Miss!	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Famil Florio	
14. NAME OF HUSBAND OR WIFE William Wyer			
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 Christine Hopkins ADDRESS 1110 N. Vandeventer	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lower Nephrosis following stab wound following stab wound		II. OTHER SIGNIFICANT CONDITIONS stab wound followed by stab wound		at 1110 No Vandeventer about 7:15 pm Mar 31 1952	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. stab wound followed by stab wound		DUE TO stab wound of deceased in state	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Homicide		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Store		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 31 52 7pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 6982X	

22. I hereby certify that I attended the deceased from **3**, 19___, to ____, 19___, that I last saw the deceased alive on ____, 19___, and that death occurred at **9:45 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph M. Quinn		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 4/10/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-14-1952		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
		24d. LOCATION (City, town, or county) (State) St. Louis. Mo.			

DATE REC'D BY LOCAL REG. APR 11 1952		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ATKINS BROS. ADDRESS 3644 FINNEY AVE.	
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WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John K. Cunningham

Licensed Embalmer No. 44076

P. O. Address 4223 Enright

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.