

XC 12-1707  
REG # 101575  
FILED MAY 17 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18996**  
REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **1230**

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. LENGTH OF STAY (In this place) <b>14 DAYS</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>5625 LOTUS AVENUE</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>BENJAMIN</b>	b. (Middle) <b>A.</b>	c. (Last) <b>WYATT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 6, 1952</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>9-4-94</b>
9. AGE (In years last birthday) <b>57</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>POST OFFICE TRANS. SERV.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>CLAY COUNTY, ILLINOIS</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>JAMES HENRY WYATT</b>	
13b. MOTHER'S MAIDEN NAME <b>REBECCA ATCHISON</b>		14. NAME OF HUSBAND OR WIFE <b>GERTIE WYATT</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>WW-1</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BRKS, MO.</b>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION RECENT MYOCARDIAL INFARCTION WITH ARICULAR FIBRILLATION AND INFARCTS TO KIDNEY  INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ANTECEDENT CAUSES</b>		DUE TO (b) _____	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>4-22, 1952</b> , to <b>5-6, 1952</b> , that he was deceased on <b>5-6-52</b> , and that death occurred at <b>5:32 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W. T. KAMINSKAAS</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>VET ADM HOSP, JEFF BRKS, MO.</b>	
23c. DATE SIGNED <b>5-6-52</b>		24. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-9-52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO.</b>	
DATE REC'D BY LOCAL REG. <b>5-9-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke MD</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>DREHMAN-HARREL</b>		ADDRESS <b>St. Louis, Mo. 1905 Union</b>	

APR 31 1977

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

*Albert R. Thompson Jr.*

Licensed Embalmer No. *4237*

P. O. Address *St. Louis*

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.