

JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22877
Registrar's No. 1733

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531

1. PLACE OF DEATH a. COUNTY <u>St. Louis.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City 5.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City 5.</u>	
c. LENGTH OF STAY (In this place) <u>20 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>7906 Gannon Avenue.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7906 Gannon Avenue.</u>		e. STREET ADDRESS (If rural, give location) <u>7906 Gannon Avenue.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALFRED</u> b. (Middle) <u>HENRY</u> c. (Last) <u>WYMAN.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 26, 1952.</u>		
5. SEX <u>Male.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married.</u>	8. DATE OF BIRTH <u>Sep't 14, 1889.</u>	9. AGE (In years last birthday) <u>62.</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Director Park & Playground Ass'n.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Worcester, Mass., /</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Henry Wyman.</u>		13b. MOTHER'S MAIDEN NAME <u>Alzora Wyth.</u>		14. NAME OF HUSBAND OR WIFE <u>Gertrude Wyman.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Susan Shaw, 7906 Gannon Avenue.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	ANTECEDENT CAUSES <u>Arteriosclerotic heart disease</u>		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>H200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____
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? _____

22. I hereby certify that I attended the deceased from March, 1948, to June 25, 1952, that I last saw the deceased alive on June 8, 1952, and that death occurred at 4 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Augustine Jones, M.D.</u>		23b. ADDRESS <u>634 North Grand</u>		23c. DATE SIGNED <u>6-26-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>6/26/52.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory.</u>	24d. LOCATION (City, town, or county) (State) <u>7800 St. Charles Road.</u>	

DATE REC'D BY LOCAL REG. <u>6-26-52</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Donke, MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton & Sons, 7233 Delmar Blvd</u>
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510 Licensed Embalmer's Statement on Reverse Side)

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

4066

Dr Auguste J. Jones.
634 No. Grand Blv'd.,
JE: 1676.
Hours... 1 - 4.

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.