No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22928

FILED JUN 21 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1502

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton ~~Vinita Park~~
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis, Co Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: St. Mo Louis
b. COUNTY: Co
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vinita Park ~~Overland~~ 4270
d. STREET ADDRESS (If rural, give location): 8219 Jefferson Av

3. NAME OF DECEASED (Type or Print)
a. (First): Boyd
b. (Middle):
c. (Last): Wynne

4. DATE OF DEATH (Month) (Day) (Year): June 6 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-20-1912
9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shop Forman
10b. KIND OF BUSINESS OR INDUSTRY: Vivian Manufacturing
11. BIRTHPLACE (State or foreign country): Jefferson City, Mo
12. CITIZEN OF WHAT COUNTRY?: ~~Jeff~~ USA

13a. FATHER'S NAME: Orris Wynne
13b. MOTHER'S MAIDEN NAME: Della Scholl
14. NAME OF HUSBAND OR WIFE: Viola Wynne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): #2
16. SOCIAL SECURITY NO.: 490-01-5451
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Viola Wynne 8219 Jefferson Av

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Epidural hematoma	4½ da
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Fractured Skull	4½ da
DUE TO (c)	Severence of Middle Meningeal	4½ da
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Ex. 6th cervical vertebrae, arteries bilaterally	4½ days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 400 E 9020
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Vinita Park St. Louis 21 Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 1, 1952 1 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell from porch roof.

22. *I hereby certify that I attended the deceased from* 6-1, 1952, *to* 6-6, 1952, *that I last saw the deceased alive on* 6-6, 1952, *and that death occurred at* 12:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ernest H. Schaper, M.D.
23b. ADDRESS: 601 S. Brentwood, Clayton 5, Mo
23c. DATE SIGNED: 6/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-10-52
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Mo

DATE REC'D BY LOCAL REG.: 6-9-52
REGISTRAR'S SIGNATURE: Herbert R. Domke MD SW
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Goodhart-Goodhart 2228 St. Louis, Av

(Licensed Embalmer's Statement on Reverse Side)

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 Robert M. Murray

Licensed Embalmer No. 3249

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.