

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016977  
State File No. ....

4008  
XC-16 511 144  
REG. Washington D.C.  
DIED MAY 14 1958

Registrar's No. 1168

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY 1	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY in this place) 174		e. STREET ADDRESS (If rural, give location) 2127 4910 WEST PINE	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 36 Vet. Ad. Hosp.		f. STREET ADDRESS (If rural, give location) 2127 4910 WEST PINE	
3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) S. c. (Last) WYGANT		4. DATE OF DEATH (Month) (Day) (Year) 4-27-58	
5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-15-75
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED ARMY OFFICER	11. BIRTHPLACE (City and State or Foreign Country) BROWNSVILLE, TEXAS
12. CITIZEN OF WHAT COUNTRY? USA		13. MOTHER'S MAIDEN NAME HELENE SOLLET	
13a. FATHER'S NAME HENRY WYGANT		14. NAME OF HUSBAND OR WIFE MARIE T. WYVANT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES SPAW		16. SOCIAL SECURITY NO. unk.	
17. INFORMANT'S SIGNATURE OR NAME VA HOSP. RECORDS, JEFFERSON BARRACKS, MO.		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.  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) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) 4200  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 3 days  Unknown
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY 2 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) VA m.		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 11-4-57, 19, to 4-27-58, 19, and that death occurred at 6:15 P.M., from the causes and on the date stated above.			
23a. SIGNATURE W. OPLER (Degree or title) Dir. of Prof. Services M.D.		23b. ADDRESS VA HOSP. JEFF. BRKS. MO.	
23c. DATE SIGNED 4-28-58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/30/58	
24c. NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL CEM.		24d. LOCATION (City, town, or county) (State) Arlington, West Va.	
DATE REC'D BY LOCAL REG. 4-28-58		REGISTRAR'S SIGNATURE Herbert B. Donke MD	
25. FUNERAL DIRECTOR'S SIGNATURE Edward Fendler		ADDRESS 5611 South Grand Blvd.	

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.....  
Signature of Student Embalmer

Signed *Hadley J. Koeller*  
Licensed Embalmer No. *47*

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.