

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031137
STATE FILE NUMBER 7326

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. _____

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1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN East St. Louis 8120 8
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 64 BARNES HOSPITAL		Length of stay in lb 3 Days	d. STREET ADDRESS (If outside, give location) 32 135 South 4th Street

3. NAME OF DECEASED (Type or print) First Middle Last ANN LEE WYNN			4. DATE OF DEATH Month Day Year JULY 24, 1958		
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5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 10, 1914	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser & Cleaner	10b. KIND OF BUSINESS OR INDUSTRY Fairline Cleaners	11. BIRTHPLACE (City and state or country) Pollard, Alabama /	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Henry Dowell	13b. MOTHER'S MAIDEN NAME Lottie McCall	14. NAME OF HUSBAND OR WIFE Charles Wynn
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Charles Wynn	Address 135 South 4th St., E. St. Louis, Ill.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL EDEMA</u>		INTERVAL BETWEEN ONSET AND DEATH 2 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ANEMIA, TYPE UNKNOWN</u>		2 YEARS
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. Attended the deceased from <u>SEPT. 30, 1954</u> to <u>JULY 24, 1958</u> and last saw her alive on <u>JULY 24, 1958</u> Death occurred at <u>7:00 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>C. E. Vermillion, M.D.</i>	(Degree or title) M. D.	22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 7/25/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/25/58	23c. NAME OF CEMETERY OR CREMATORY Booker Washington	23d. LOCATION (City, town, or county) (State) Centreville Township, Illinois
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24. FUNERAL DIRECTOR <i>Marionette Officer</i>	ADDRESS 2114 Missouri Ave. E. St. Louis, Ill.	25. DATE RECD. BY LOCAL REG. JUL 26 '58	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> S.P.
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Frank Prohoff*

Licensed Embalmer No. *4356*

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