

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038521
STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2619

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> 7617 Santa Monica Ave | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Normandy Mo</u> | | c. CITY OR TOWN <u>4171° Normandy Mo</u> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7617 Santa Monica</u> | | d. STREET ADDRESS (If outside, give location) <u>7617 Santa Monica</u> | |

| | | | | | |
|---|----------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>William Maurice Wynn</u> | | | 4. DATE OF DEATH Month Day Year <u>Oct 10 1958</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Oct 10 1900</u> | 9. AGE (In years last birthday) <u>58</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>International Organizer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Atomic Worker</u> | 11. BIRTHPLACE (City and state or country) <u>E. St. Louis Ill</u> | 12. CITIZEN OF WHAT COUNTRY? <u>American</u> | |

| | | |
|---|--|---|
| 13a. FATHER'S NAME <u>William Wynn</u> | 13b. MOTHER'S MAIDEN NAME <u>Theresa Hickey</u> | 14. NAME OF HUSBAND OR WIFE <u>Edna Wynn</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>493-09-6543</u> | 17. INFORMANT <u>Mrs Edna Wynn</u> | Address <u>7617 Santa Monica</u> |
|---|---|---------------------------------------|-------------------------------------|

| | | |
|--|---|---|
| 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>Congestive Heart Failure</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Cornary Heart Disease</u> | |
| | 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 type="checkbox"/> NO <input checked="" 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.) |
| 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 <u>St. Louis</u> | COUNTY <u>Mo</u> | STATE |
| 21: I attended the deceased from <u>Oct. 1, 1958</u> to <u>Oct. 10, '58</u> and last saw <u>him</u> alive on <u>Oct. 10 1958</u> Death occurred at <u>9:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | |

| | | | |
|--|-------------------|--|-------------------------------------|
| 22a. SIGNATURE <u>W. B. Lamm M.D.</u> | (Degree or title) | 22b. ADDRESS <u>539 N. Grand St. St. Louis Mo</u> | 22c. DATE SIGNED <u>10/14/58</u> |
|--|-------------------|--|-------------------------------------|

| | | | |
|--|------------------------------|---|--|
| 23a. PERMANENT CREATION, <u>Burial</u> | 23b. DATE <u>10-14-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | 23d. LOCATION (City, town, or county) <u>St. Louis Mo</u> |
|--|------------------------------|---|--|

| | | | |
|--|--------------------------------|---|---|
| 24. FUNERAL DIRECTOR <u>Howard Funeral Home</u> | ADDRESS <u>1619 S Grand</u> | 25. DATE RECD. BY LOCAL REG. <u>10-12-58</u> | 26. REGISTRAR'S SIGNATURE <u>Herbert R. Donahue M.D.</u> |
|--|--------------------------------|---|---|

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-57

All diseases in Part I must be causally related.

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 Ellen M. Remick

Licensed Embalmer No. 4383

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.