MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-027528
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6682

FILED JUL 26 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1015 North 7th Apt.#309
Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First CHARLES Middle NMN Last WYNN
4. DATE OF DEATH: Month JULY Day 15 Year 1961
5. SEX: MALE
6. COLOR OR RACE: COLORED
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 8-26-24
9. AGE (last birthday): 36
IF UNDER 1 YEAR: Months 1 Days 11
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): MISSOURI
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: MARY THOMAS
14. NAME OF HUSBAND OR WIFE: DECEASED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): 482-26-1335
17. INFORMANT: FRANCES WHORTON Address: 1015 No.7th St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): MALIGNANT HYPERTENSION — INTERVAL BETWEEN ONSET AND DEATH: 1 YEAR
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 445x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-15-61, to 7-15-61 and last saw her/him alive on 7-15-61
Death occurred at 9:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: C. Vermillion M.D. (Degree or title): C.O.VERMILLION, M.D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 7-16-61
23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 7-20-1961
23c. NAME OF CEMETERY OR CREMATORY: FATHER DICKSON'S CEMETERY
23d. LOCATION (City, town, or county) (State): ST. LOUIS (COUNTY) MO.
24. FUNERAL DIRECTOR: ELLIS FUNERAL HOME ADDRESS: 2820 STODDARD ST.
25. DATE RECD. BY LOCAL REG.: JUL 18 1961
26. REGISTRAR'S SIGNATURE: Noal Smith M.D.

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.
DOCUMENT | BY AFFIDAVIT OF

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_____ Signed Fulton E. Culkin

Signature of Student Embalmer

Licensed Embalmer No. 4198

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.