

NOV 16 1940 791

Registration District No.

Primary Registration District No.

Registrar's No. 8170

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution St. Louis Home Phillip
(d) Length of stay: In hospital or institution 3
In this community 3 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO County St. Louis
(c) City or town St. Louis 25
(d) Street No. 1323
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME David Wynn

3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Tenkum 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 45 Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country) LA 1

10. Usual occupation Laborer

11. Industry or business Laborer

12. Name Tenkum

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant De Sencker

(b) Address 5316 Madison

17. (a) Burial, cremation, or removal Burial (b) Date thereof Oct 1, 1940

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director A. J. Burcko

(b) Address 1700 S. 3. St.

19. (a) OCT 1 1940 (b) J. D. Burdock

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 27 year 1940 hour 10:38 minute 17 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to (Coronary Artery Disease)

Due to (Coronary Artery Disease)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? While at work? (Specify type of place) Means of injury 5

23. Signature J. D. Burdock Address 1700 S. 3. St.

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 _____

_____ *No Embalming* Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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 this body is not embalmed, above space should be left blank.