

FILE JUN 29 1942

Registration District No. 791

Primary Registration District No. 100

Registrar's No. 517

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
American Hotel 7th and Market Sts. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County _____
(c) City or town Blythville Arkansas
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME

Samuel K. Wayner

(b) If veteran, name war *****

(c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 21 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 11 22 hr. min.

9. Birthplace West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business J.E. Mitchell Co

12. Name John Wayner

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

14. Maiden name Mary Zink

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

16. (a) Informant Mrs. V. E. Weber

(b) Address 4015 Hydraulic Ave

17. (a) Burial (b) Date thereof June 15 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Illinois

18. (a) Signature of funeral director Feetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) _____ (b) J. F. Budek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12th day June
year 1942 hour 6:29 minute _____ P. M.

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

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

Immediate cause of death _____

Due to Occlusion of left coronary artery

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (e) Means of injury 3

23. Signature Alfred Perry (M. D. or other) _____

Address _____ Date signed 6/15/42

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

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Frank J. Owens*

Licensed Embalmer No. *2248*

P. O. Address..... *W. L. Owens*

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, fact should be so stated above.