

V. S. No. 2
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 7-5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 19 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **194**

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

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. John's Hospital
 (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 Missouri (b) County.....
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4971 Highland
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Robert Edward Wayne
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 6
 year 1943 hour 11.40 A.M. minute..... M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Lyda M. Wayne 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased Dec. 18, 1881
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 14 1942 to Jan. 6, 1943
 that I last saw him alive on July 6, 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
61 0 18 hr. min.

Immediate cause of death uremia
 Due to Arterio-sclerosis of aorta
 Due to.....

9. Birthplace Peru Illinois
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 97

10. Usual occupation Commercial Agent

11. Industry or business M. K. & T. Railroad

12. Name Bernard Wayne

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

14. Maiden name Cecelia Price

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

16. (a) Informant Lyda M. Wayne

(b) Address 4971 Highland

17. (a) Burial (b) Date thereof 1/9/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) JAN 8 1943 (b) J. F. Budack
 (Date received local registrar) (Registrar's signature)

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.....

23. Signature [Signature] (M. D. or other) M.D.

Address 402 Croton Blvd Date signed 1-7-43

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 William J. Hiron

Licensed Embalmer No. 4319

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