

Registration District No. 284

Primary Registration District No. 101

Registrar's No. 58

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 1211 Meyer
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Frank Wyman

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased 1-19-1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 20 If less than one day hr. min.

9. Birthplace Newstock (?) Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Levi Wyman

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

14. Maiden name Caroline Walker

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

16. (a) Informant Mr. Simon Schuette.

(b) Address 1211 Meyer Ave.

17. (a) Burial (b) Date thereof 1-11-1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) JAN 11 1943 (b) C. H. McArthur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 8
year 1943 hour 10: minute 50 AM

21. I hereby certify that I attended the deceased from 12-18-42
19 to 1-8-43 19
that I last saw him alive on 1-8-43 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Infarction Duration 1 hr.

Due to Arteriosclerosis / Heart

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 930
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 Raymond A. Hays (M. D. or other) 20
St. Louis County Hospital Date signed 1-8-43
Address

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

MOTHER FATHER

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 3454
David C. Gibson, Registered Apprentice No. 346
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. N.W.

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.