

FILED JUN 9 1943

Registration District No. 100

Primary Registration District No. 100

Registrar's No. 4022

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:
Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
In this community 1 1/2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 327 N. Taylor
(If rural, give location)
(e) Citizen of foreign country? no (naturalized) (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME DONALD MCKENZIE WYLIE

3. (b) If veteran, name war no 3. (c) Social Security No. 433-16-9129

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

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

7. Birth date of deceased May 18, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 0 9 hr. min.

9. Birthplace Nova Scotia
(City, town, or county) (State or foreign country)

10. Usual occupation ret. lumberman

MOTHER FATHER { 11. Industry or business.....

12. Name Wylie
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name McKenzie
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Alister Wylie

(b) Address 327 N. Taylor

17. (a) removal (b) Date thereof 5/29/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan, Ill.

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th
year 1943 hour 9:30 P. minute..... M.

21. I hereby certify that I attended the deceased from 1933
to May 27, 1943
that I last saw him alive on May 27, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis, and chronic interstitial nephritis, Duration 1933 to 1943

Due to Uremia, 8 days
Due to.....

Other conditions Uremia, 8 days
(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?.....
(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.....

23. Signature [Signature] Address 320 Metropolitan Bldg. Date signed 5/28/43

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

MR O.C. Reavis

1-3..

Nebragan Bury

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.....
Thomas R. Fenwick

Licensed Embalmer No.....
3793

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.