

FILED SEP 24 1946
STANDARD CERTIFICATE OF DEATH
318 1003

State's File No. **32361**
Registrar's No. **782A**

Registration District No.

Primary Registration District No.

Registrar's No.

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:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 WKS.
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison
(c) City or town Menice
(If outside city or town limits, write "RURAL")
(d) Street No. 1305 Robin St.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Melvina Wynn

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

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

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

7. Birth date of deceased April 25 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 4 12 hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Missouri

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

14. Maiden name unknown

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

16. (a) Informant Henry Bilney
(b) Address Venice, Illinois

17. (a) Williamsville (b) Date thereof Sept. 9, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Williamsville, Mo.

18. (a) Signature of funeral director William J. Lasky
(b) Address Madison, Illinois

19. (a) SEP 10 1946 (b) J. J. Brudek
(To be received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
year 1946 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from July 20
1946 to Sept 7 1946
that I last saw her alive on Sept 7 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 2 mos.

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

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 J. Scopelito (M. D. or other) MD

Address 3718 1/2 Grand Blvd Date signed 9/7/46

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

0
7
9

3

99
11
0
2

[Handwritten signature]

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

7824

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: *Francis J. Lahey*

Licensed Embalmer No. *2792*

P. O. Address. *Madison Ill.*

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.