

FILED FEB 26 1949  
#93245

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
318

6851  
State File No. ....  
Registrar's No. 1362

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1362		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 1 Mo. 9		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17 9		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				d. STREET ADDRESS (If rural, give location) 2620a Carolina St. 0				
3. NAME OF DECEASED (Type or Print) a. (First) Edna b. (Middle) Elizabeth Alena c. (Last) Wyman			4. DATE OF DEATH (Month) (Day) (Year) February 11th, 1949					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 23, 1893		9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 18	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Finisher		10b. KIND OF BUSINESS OR INDUSTRY Dress Factory		11. BIRTHPLACE (State or foreign country) Bethalto, Illinois		12. CITIZEN OF WHAT COUNTRY? America		
13a. FATHER'S NAME Edward Miller		13b. MOTHER'S MAIDEN NAME Fannie Cox		14. NAME OF HUSBAND OR WIFE Orvis Wyman				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 487-28-3779		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Chas J Seals Bonne Terre, Mo. 81				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute hemorrhagic pneumonia  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia 5870					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from _____ 19____ to 2/11/49, 19____, that I last saw the deceased alive on 2/11/49, 19____, and that death occurred at 4:35 PM, from the causes and on the date stated above.								
23a. SIGNATURE (Name or title) W. W. Remington, M.D.				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 2/12/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 14, 1949		24c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery		24d. LOCATION (City, town, or county) (State) Alton Illinois		
DATE REC'D BY LOCAL REG. FEB 13 1949		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Robert H. Streeper.		ADDRESS Alton, Ill.		

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

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~~.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Robert A. Streper*

Licensed Embalmer No. *2474*

P. O. Address *Alton, 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.