.S. No. 300
EV. 10.48

FILED MAY 3 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3314

1. PLACE OF DEATH
a. COUNTY - - - - - - - - - - - - - - -
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 0
c. LENGTH OF STAY (In this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) University City 4546
d. STREET ADDRESS (If rural, give location) 7036 Kingsbury

3. NAME OF DECEASED (Type or Print)
a. (First) Emma
b. (Middle) Alvina
c. (Last) Wyllie.

4. DATE OF DEATH (Month) (Day) (Year) April 7, 1952.

5. SEX female 1
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH Nov. 12, 1884
9. AGE (In years last birthday) 67 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY - - - - - - - -
11. BIRTHPLACE (City and State or Foreign Country) Union, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jacob W. Hein
13b. MOTHER'S MAIDEN NAME Emma Neimaier
14. NAME OF HUSBAND OR WIFE Barnett D. S. Wyllie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) - - - - - - -
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Walter Hein **ADDRESS** 7036 Kingsbury Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

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.

19a. DATE OF OPERATION 14 yr ago
19b. MAJOR FINDINGS OF OPERATION Cure. of colon — resection done
20. AUTOPSY? YES ☐ NO ☒

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) m. —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 153X

22. *I hereby certify that I attended the deceased from* Feb. 7, 1952, *to* April 7, 1952, *that I last saw the deceased alive on* April 6, 1952, *and that death occurred at* 9:40 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Geo. W. Litner (Degree or title) M.D.
23b. ADDRESS 3720 Washington Blvd.
23c. DATE SIGNED 4-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify) removal 4
24b. DATE April 9, 1952
24c. NAME OF CEMETERY OR CREMATORY Union Cemetery.
24d. LOCATION (City, town, or county) (State) Union, Missouri.

DATE REC'D BY LOCAL REG. APR 8 1952
REGISTRAR'S SIGNATURE J. Carl Smith M.D.
m 93
25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons **ADDRESS** 7233 Delmar Blvd.
(Licensed Embalmer's Statement on Reverse Side)

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

Dr. George W. Ittner
3720 Washington
JE 4515

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 Melvin L. Kemper

Licensed Embalmer No. 4052

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.