

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **11656****2305**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis, Mo</b> )		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis, Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1806-A No Leffingwell Ave</b>			e. STREET ADDRESS (If rural, give location) <b>20 1806-A No Leffingwell Ave</b>		
3. NAME OF DECEASED (Type or Print) <b>Hilda</b>			a. (First) _____ b. (Middle) _____ c. (Last) <b>Wyland</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 4, 1956</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept 7, 1910</b>	9. AGE (In years last birthday) <b>45</b>	IF UNDER 1 YEAR Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoemaker</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Thomas Brennan</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Davis</b>	
14. NAME OF HUSBAND OR WIFE <b>Charles Wyland</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Charles Wyland</b> ADDRESS <b>1806-A No Leffingwell Ave</b>					
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 INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cholelithiasis</b> DUE TO (c) <b>Metastatic Carcinomatous</b>			1. <b>1 wk</b> 2. <b>over year</b> 3. <b>one year</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>St. Louis, Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>Jan 1945</b> , to <b>March 4, 1956</b> , that I last saw the deceased alive on <b>March 4, 1956</b> , and that death occurred at <b>5:20 A. M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Anthony J. U. [Signature] M.D.</b>			23b. ADDRESS <b>3861 St. Louis Ave</b>		23c. DATE SIGNED <b>3/5/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar 7, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Galvary Cem</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sullivan's</b>		ADDRESS <b>2849 No Euclid Ave</b>	
DATE REC'D BY LOCAL REG. <b>MAR 5 1956</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr Vitale  
FR 1-4113

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Albert Mayfield*

Licensed Embalmer No. *30*

P. O. Address *H. Lan*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.