

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29366

FILED SEP 6 1956

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State File No.

6982

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____									
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY _____											
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>LIFETIME</u>		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITY HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>26 3335 N. 14th ST. (7)</u>											
3. NAME OF DECEASED (Type or Print) <u>DOUGLAS EUGENE WYKIE</u>			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 26 1956</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>DEC. 8, 1943</u>		9. AGE (In years last birthday) <u>12</u>		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) <u>NONE</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			
13a. FATHER'S NAME <u>RUSSELL LEO WYKIE</u>				13b. MOTHER'S MAIDEN NAME <u>DOUGLAS BALLARD</u>				14. NAME OF HUSBAND OR WIFE <u>NONE</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____				16. SOCIAL SECURITY NO. <u>486-44-5744</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Russell Skylie</u>				ADDRESS <u>3335 N 14th</u>			
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.		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) DUE TO (c)						MEDICAL CERTIFICATION <u>Tetanus; following injuries suffered when struck by car operated by Esther J. Alworth, at the intersection of 11th and Branch Streets, on July 20th, 1956, at about 10:10 pm.</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>E 812.4</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>St. Louis MO</u>		21d. COUNTY <u>MO</u>		21e. STATE <u>MO</u>							
21d. TIME OF INJURY <u>July 20 56 10 pm.</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <u>SO</u>							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:00</u> m., from the causes and on the date stated above.															
23a. SIGNATURE <u>Patrick E. Taylor Carauer</u>						23b. ADDRESS <u>1300 Clark</u>						23c. DATE SIGNED <u>7.27.56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-28-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>				24d. LOCATION (City, town, or county) <u>ST. LOUIS</u>		24e. STATE <u>MO</u>					
DATE REC'D BY LOCAL REG. <u>JUL 27 1956</u>				REGISTRAR'S SIGNATURE <u>Paul Smith</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Deadmeyer + Sons Ltd Co.</u>				ADDRESS <u>3934 N. 20 St.</u>			

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

3001

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.....
Signature of Student Embalmer

Signed *Arthur W. DeWitt*.....

Licensed Embalmer No. *432*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.