

FILED SEP 6 1956 STANDARD CERTIFICATE OF DEATH

29367  
State File No. 29367  
318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7055

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS MO</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS 2169</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>3002 LOUISIANA</i>		d. STREET ADDRESS (If rural, give location) <i>16 3002 LOUISIANA</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>MARY</i> b. (Middle) <i>K.</i> c. (Last) <i>WYLY</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>JULY 29 1956</i>
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>DEC. 18 1897</i>
9. AGE (In years last birthday) <i>63</i>		10. UNDER 1 YEAR Months Days	11. UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>HOUSEWIFE</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>AT HOME</i>	11. BIRTHPLACE (State or foreign country) <i>ILLINOIS</i>
12. CITIZEN OF WHAT COUNTRY <i>USA</i>		13. FATHER'S NAME <i>HENRY BUHNERKEMP</i>	
13b. MOTHER'S MAIDEN NAME <i>THERESA HINNENTHAL</i>		14. NAME OF HUSBAND OR WIFE <i>GROVER WYLY</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>GROVER WYLY</i>		ADDRESS <i>3002 LOUISIANA</i>	
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) <i>Arterio Sclerotic Heart Disease</i>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Disease</i> 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		19b. MAJOR FINDINGS OF OPERATION <i>420.0</i>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>1105A</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Robert O. Taylor</i>		23b. ADDRESS <i>1300 Clark a</i>	
23c. DATE SIGNED <i>7/30/56</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		24b. DATE <i>AUG. 1 1956</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>RESURRECTION</i>		24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS MO</i>	
DATE REC'D BY LOCAL REG. <i>JUL 30 1956</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Thomas Kuteis</i>		ADDRESS <i>2906 Beavon</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

*Leo J. Budd*

Licensed Embalmer No.

*3989*

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.