Health, Welfare Public Service

FILED OCT 11 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34345
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8841

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DePaul Hospital — Length of stay in 1b: 1-day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Clayton — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): # 33 Arundel Place — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Edward Middle: J. Last: Wynne

4. DATE OF DEATH: Month Sept. Day 20 Year 1957

5. SEX: M.

6. COLOR OR RACE: W.

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Oct. 31, 1876

9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 10 Days 19 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman-Lombardis Dist.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Ireland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John Wynne

13b. MOTHER'S MAIDEN NAME: Mary McDonald

14. NAME OF HUSBAND OR WIFE: Mrs. Mabel B. Wynne

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.: 494-09-2068

17. INFORMANT: Mrs. Mabel B. Wynne, Address: # 33 Arundel Place, Clayton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 16 hrs
DUE TO (b): arteriosclerosis
DUE TO (c): 420.1
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes mellitus

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1950, to 1957 and last saw him alive on 9-20-57
Death occurred at 1:15 am. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. D. Cassidy (Degree or title) M.D.

22b. ADDRESS 4952 Maryland

22c. DATE SIGNED 9-20-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Sept. 23, 1957

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: Arthur J. Donnelly — ADDRESS: 3840 Lindell Blvd.

25. DATE RECD. BY LOCAL REG.: SEP 20 57

26. REGISTRAR'S SIGNATURE: J. Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be accepted. All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. 4699

P. O. Address 3840 [illegible]

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.