URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 28 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8845 STATE FILE NUMBER 60-036747

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 47 Years

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4426a Randall Place, 7, — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 4426a Randall Place, 7, — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CARL Middle J. Last WYNNE

4. DATE OF DEATH Month Day Year September 6th, 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Widowed ☐ Never Married ☐ Divorced ☒

8. DATE OF BIRTH 12-20-07

9. AGE (last birthday) 52 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY Taxicab

11. BIRTHPLACE (City and state or country) Jefferson City, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME O. T. Wynne

13b. MOTHER'S MAIDEN NAME Della (Unknown)

14. NAME OF HUSBAND OR WIFE -------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 497-07-1556

17. INFORMANT Helen Philbrick, 16716 Horace St. Address Granda Hills, California

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Chronic Coronary Sclerosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Chronic Myocarditis

DUE TO (c) Cirrhosis of the Liver

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.1

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 _____, to _____ and last saw her/him alive on _____

Death occurred at 750 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] Deputy Coron

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 9-8-60

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

23b. DATE 9-10-60

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

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

24. FUNERAL DIRECTOR ADDRESS CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, St. Louis, 15, Missouri

25. DATE RECD. BY LOCAL REG. SEP 8 1960

26. REGISTRAR'S SIGNATURE Karl Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Ralph E. Linden

Signature of Student Embalmer

Licensed Embalmer No. 4275

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.