MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22659

File No. .....

Registered No. 207

1. PLACE OF DEATH
County: St Louis
Township: Central
City: Overland (No. ..... St. ..... Ward)
Registration District No. 789
Primary Registration District No. 6033B

2. FULL NAME: Elton Johnson Wildermuth

(a) Residence, No. 9216 Lindberg St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUL 28 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) ~~WIFE~~ OF Anna Wildermuth (nee Stock)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 4. 1893

7. AGE: Years 38 | Months 3 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pacific Fruit Express
10. Date deceased last worked at this occupation (month and year) 6/4/31
11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis, Mo.

FATHER

13. NAME Wm Wildermuth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Ida Snieder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Anna Wildermuth 921[illegible]

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial DATE June 20 1931

19. UNDERTAKER Brennan Bros
(ADDRESS) 2009 N Grand

20. FILED 6/18 1931 Della Gray M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-17- 1931

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1931, to June 17, 1931. I last saw him alive on June 17, 1931. Death is said to have occurred on the date stated above, at 5:45 p.m. 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Septicemia Streptococcus	
Gangrene of Lung	
Septic Pneumonia	1163
	1172
	1153

Other contributory causes of importance:
Extraction of all teeth
Alcoholic Abscesses

Name of operation Extraction of Teeth Date of ?
What test confirmed diagnosis? 0 Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) ..... M. D.
(Address) .....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.