

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
1003

16511

Do not use this space.

4372

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City St. Louis (d) Street No. Missouri Baptist Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Leo M. Wilt, 430
 (a) Residence, No. 6444 Chatham Ave. St. Wellston, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Minnie Wilt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 2 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Porter work
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Anthony Wilt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Mrs. Minnie Wilt
6444 Chatham Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE May 13/38

19. FUNERAL DIRECTOR (ADDRESS) Jos. W. Clark
1125 Hodiament Ave.

20. FILE MAY 12 1938 J. F. Bredich Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-1-37, 19, to 5/10-38, 19.

I last saw him alive on 2/10-38, 19. Death is said to have occurred on the date stated above, at 3.20 P. M.

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

Myocardial clots
Arteriosclerosis
1st degree heart block

Other contributory causes of importance:

Arterio-sclerosis
Sclerosis General
1st degree heart block

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 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?

If so, specify
 (Signed) C. K. Anderson M. D.
 (Address) 1932 Maryland

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-7-20-37
I 1 X1204

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.

Dr. R.K. Andrews
4932 Maryland Ave.,
No. 4620.

9 AM 1/31/45

JAN 31 1945

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. I66I.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Jos. W. Clark
Licensed Embalmer No. I66I.

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.)