

REC'D JUL 12 1938

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

20176

Do not use this space.

5315

1. PLACE OF DEATH

- (a) County.....
(b) Township.....
(c) City St Louis (d) Street No. 4726 Plumer St.
(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.

Registration District No. 791
1002

Primary Registration District No.

Registered No.

(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

- (a) Residence, No. Russel V. Wildman St. NA Hampton City, Ind
(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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23, 1926
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 - 18

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home & on school
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)
- Ind

- FATHER 13. NAME Max Wildman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

- MOTHER 15. MAIDEN NAME Barbara Varney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT (ADDRESS)
- Barbara Wildman
-
- Hampton Ind.

18. BURIAL, CREMATION, OR REMOVAL PLACE
- Hampton Ind.
- DATE
- June 11, 1938

19. FUNERAL DIRECTOR (ADDRESS)
- Fred M. Williams
-
- 4535 Washington Ave

20. FILED
- JUN 11 1938
- J. D. Braddock
-
- Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-11, 1938
22. I HEREBY CERTIFY, That I attended deceased from 5-25, 1938, to 6-11, 1938.
I last saw him..... alive on..... 6-10, 1938 Death is said to have occurred on the date stated above, at 330A m.
The principal cause of death and related causes of importance were as follows:

- Other contributory causes of importance:
Chc. Interstitial nephritis
Chc. hypertensive atherosclerosis
Chc. Endocarditis

- Name of operation..... Date of.....
What test confirmed diagnosis? Lab 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? no
If so, specify.....
(Signed) Hallen
(Address) 507 1/2 N Union Blvd.

Date of onset

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____
working under my personal supervision.

Signed

J. G. Sullivan

Registered, Apprentice No. _____
Licensed Embalmer No. 1122

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.)