

FILED MAY 2 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16020

State File No. _____

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 701

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7731 Sappington 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME Francis A. Wilderman 436

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louis Wilderman

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Dec. 22, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 3 17 _____ hr. _____ min.

9. Birthplace LaGrange, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 2

11. Industry or business _____

MOTHER FATHER { 12. Name Chas. A. Coulson 0

13. Birthplace Canada 0
(City, town, or county) (State or foreign country)

14. Maiden name Helena Wernick

15. Birthplace Palmyra, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Wilderman

(b) Address 7731 Sappington

17. (a) ~~burial~~ Removal (b) Date thereof 4-10-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Grange, Missouri

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) APR 10 1940 (Date received local registrar)

(b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 0 (b) County St. L.

(c) City or town Clayton
(If outside city or town limits, write "RURAL")

(d) Street No. 7731 Sappington
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1940 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 16th of September, 1939, to April 9, 1940, that I last saw her alive on April 8, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic encephalosis 1 yr.

Due to not known

Due to 12/4/39!

Other conditions Mitral regurgitation
(Include pregnancy within 3 months of death)

Major findings: cause not known

Of operations none

Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? ✓ (Specify type of place)

(e) Means of injury h

23. Signature H. F. Miller (M. D. of State)

*Address 2410 N. Broadway St. St. Louis 770 Date signed 4/10/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

76
2
2

41091, Broadway

[Faint handwritten notes and markings, possibly including "1/21" and "1/21 11:00 AM"]

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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed *J. B. Burgess*

Licensed Embalmer No. 4029

P. O. Address Maplewood

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 this body is not embalmed, above space should be left blank.