

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4524

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Lutheran Hospital  
(If not in hospital or institution, write street number or location) /  
(d) Length of stay: In hospital or institution 11 days (Specify whether  
In this community 50 years  
years, months or days)

3. (a) PRINT FULL NAME August Wildmann 435

3. (b) If veteran, name war. ---- 3. (c) Social Security No. ----

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Emily C. 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased August 3, 1868  
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 17 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Germany 6  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Postal Clerk

11. Industry or business \_\_\_\_\_

12. Name Unknown 9

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

14. Maiden name Unknown 9

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Suzanna Lauth  
(b) Address 4136 Castleman

17. (a) Cremation (b) Date thereof 5/23/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Wacker-Helderte  
(b) Address 2331 S. Broadway

19. (a) MAY 23 1940 (b) J. F. Budush  
(Date of filing) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3005a Shenandoah  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20  
year 1940 hour 10 minute 35 p. M.

21. I hereby certify that I attended the deceased from May 6, 40  
\_\_\_\_\_ 19 \_\_\_\_\_ to May 22 19 40  
that I last saw him alive on May 20 19 40  
and that death occurred on the date and hour stated above.

Immediate cause of death, Chronic Myocarditis. Furios.  
Due to Arterio Sclerosis.

Due to \_\_\_\_\_  
Other conditions D. G. E.  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations \_\_\_\_\_  
Of autopsy None.

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. \_\_\_\_\_  
23. Signature Dr. Ruy / K. Koch. (M. D. or other)  
Address 3115 T. Hand Date signed 5-21-40

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

MOTHER FATHER

**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 Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

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.