S. No. 2
-11-10-39
5-17-020
-1 XC

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23166

AUG 25 1940

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5611

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

1. PLACE OF DEATH:

(a) County 2

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

(c) Name of hospital or institution: 2849a S. 13th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0

(c) City or town St. Louis 24
(If outside city or town limits write "RURAL")

(d) Street No. 2849a S. 13th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Rose Wildman 435

3. (b) If veteran, name war ----

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Harry

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

7. Birth date of deceased August (Month) 4 (Day) 1848 (Year)

8. AGE: Years 91 Months 10 Days 26 If less than one day ____ hr. ____ min.

9. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 5

10. Usual occupation Home

11. Industry or business 9

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant X Robert Wildman
(b) Address 3523 Osage

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/40 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

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

19. (a) JUL 1 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1940 hour 7 minute 45 a.m.

21. I hereby certify that I attended the deceased from 11-8, 1939, to 6-30, 1940 that I last saw h-r alive on 6-29-, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	2
Due to: old age	
Due to:	
Other conditions (Include pregnancy within 3 months of death): —	
Major findings: Of operations —	
Of autopsy —	

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 —

23. Signature Bernard Ploch (M. D. or other)
Address 3527 Osage St. Date signed 7-1-40

(Licensed Embalmer's Statement on Reverse Side)

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 Frank J. Weyland Jr

Licensed Embalmer No. 2645

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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