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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30285

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7562

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: Deaconess Hospital
(If not in hospital or institution, write street number or location)

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

In this community unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Richmond Heights N/R
(If outside city or town limits, write "RURAL")

O (d) Street No. 7535 Wise Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Emma Feil Wild

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 Married

6. (b) Name of husband or wife Edward H. Wild

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased 11 (Month) 6 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
70	70	10	2	hr. min.

9. Birthplace Gasconade County (City, town, or county) Missouri (State or foreign country) O

10. Usual occupation At Home 6

11. Industry or business 6

MOTHER FATHER

12. Name Karl Feil

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

14. Maiden name Amelia Rommeberger

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

16. (a) Informant Richard F. Wild

(b) Address 7535 Wise Ave. Richmond Heights

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 10 (Day) 1940 (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director [illegible]

(b) Address Clayton Rd. at Concordia Lane.

19. (a) SEP 9 1940 (Date received by Registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 8 year 1940 hour 2 minute 5 P. M.

21. I hereby certify that I attended the deceased from 8/25/40, 19__, to 9/8/40, 19__; that I last saw her alive on 9/8/40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Left Breast	2 yrs.
Due to: Metastasis to Spine	4 mos.
Due to:	
Other conditions (Include pregnancy within 3 months of death): 56	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

X 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? (Specify type of place)

While at work? (e) Means of injury 1

23. Signature Sam A. Barton (M. D. or other)

Address 1200 Big Bend Rd. Date signed 9/8/40

(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 .....

Licensed Embalmer No. 1994

P. O. Address Clayton, Missouri

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

If this body is not embalmed, fact should be so stated above.