

13-40
17-39

APR 9 1941
Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH: St. Louis County
(a) County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 3/24/41
(Specify whether years, months or days) In this community Since 3/24/41

3. (a) PRINT FULL NAME Louis E. Wilde
3. (b) If veteran, name war Philippine Incurr. No. None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dorothy 6. (c) Age of husband or wife if alive 13 years 1882 (Year)

7. Birth date of deceased February 13, 1882
(Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 12 If less than one day hr. min.

9. Birthplace Columbia, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman
11. Industry or business Potato Chip Business
12. Name Unavailable
13. Birthplace Unavailable (City, town, or county) (State or foreign country)
14. Maiden name Unavailable
15. Birthplace Unavailable (City, town, or county) (State or foreign country)

16. (a) Informant M. P. Schellig
(b) Address Clinical Clerk, V.A. Jeff. Bks., Mo.

17. (a) Removal (b) Date thereof 3-25-1941
(Burial, cremation, or removal) (Month), (Day) (Year)

(c) Place: burial or cremation St. Clair Memorial Park
18. (a) Signature of funeral director Anthony J. Fedlow
(b) Address 1501 W. National Ave. St. Louis

19. (a) MAP 25 1941 (b) J. R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 96
(a) State Illinois (b) County 0
(c) City or town East St. Louis (If outside city or town limits, write "RURAL") 0
(d) Street No. 1815 North 19th Street (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th
year 1941 hour 1:50 minute a. M.

21. I hereby certify that I attended the deceased from March 24, 1941 to March 25, 1941
that I last saw him alive on March 25, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arteriosclerotic heart disease, myocardial damage and myocardial insufficiency.
Due to 94 a Unknown

Other conditions none.
(Include pregnancy within 3 months of death)

Major findings: Of operations none.
Of autopsy Autopsy performed. See cause of death.

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) no
(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? Chief Medical Officer (Specify type of place) (e) Means of injury
23. Signature C. W. RUGHES, M.D. (M. D. or other)
Address Chief Medical Officer Date signed 3/25/41

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

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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 Me

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

Signed B. H. Baldus

Licensed Embalmer No. 2420

P. O. Address E. 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, fact should be so stated above.