

FILED MAR 17 1942

State File No. _____
Registrar's No. 1200

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(c) Name of hospital or institution: Alexian Bros. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
In this community Unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County NR 96
(c) City or town Affton
(d) Street No. 9336 Rambler Dr.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Albert J. Wildt
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5th.
year 1942 hour 10:45 AM minute _____ M. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Bridget Ann Wildt nee O'Neill
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 8, 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 29 1942 to Feb 5 1942
that I last saw him alive on Feb 5 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
79 1 28 hr. _____ min.

Immediate Cause of death Arteriosclerosis
Duration Chronic

9. Birthplace Grafton Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Retired

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) Assembly
Duration Chronic

11. Industry or business _____
12. Name Unknown
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Albert E. Wildt
(b) Address 9336 Rambler Dr. Affton, Mo.
17. (a) Burial (b) Date thereof 2/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) Feb 7 1942 (b) J. F. Brudeck
(Date recorded locally) (Registrar's signature)

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? _____
(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 [Signature] (M. D. or other) _____
Address 7702 [Address] Date signed 2/7/42

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 *Thomas J. Hampton*.....

Licensed Embalmer No. *2967*.....

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, fact should be so stated above.