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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16807

FILED JUN 10 1942 791

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 4466

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: 3927 A. N. Florisant Ave
(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 ____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 006 19 270

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

(d) Street No. 3927 a N. Florissant
(If rural, give location)

(e) Citizen of foreign country? Yes O (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Dr John Wild Sr

3. (b) If veteran, name war ____

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 Agness Wild

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Feb (Month) 29 Th (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
76	2	23	hr. ____ min.

9. Birthplace Austria (City, town, or county) 4 (State or foreign country)

10. Usual occupation Dentist Retired

11. Industry or business ____

FATHER
12. Name Wentzel Wild
13. Birthplace Austria (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Not Knowen
15. Birthplace Austria (City, town, or county) 4 (State or foreign country)

16. (a) Informant Agness Wild

(b) Address 3927 A. N. Florisant Ave

17. (a) Byrial (Burial, cremation, or removal) (b) Date thereof May 25 Th 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Edward Koch

(b) Address 3516 N 14 Th Str

19. (a) MAY 22 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1942 hour 8 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 28, 1942, to May 23, 1942, that I last saw him alive on May 20, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart — Duration

Due to Hemiplegia

Due to hemorrhage of brain

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature Carl C. Ottenstedt (M. D. or other)

Address 1509 Bremen Av. Date signed May 22 1942

8994 (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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay Ferry rd.

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.