

FILED JUN 14 1943

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(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 _____ (Specify whether _____)

In this community _____ years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME Leo A. Wildhaber

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Wildhaber

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June 9 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>60</u>	<u>11</u>	<u>22</u>	hr. _____ min.
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9. Birthplace Marine Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business _____

MOTHER FATHER

12. Name Gottfried Wildhaber

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

14. Maiden name Rosha Kramer

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

16. (a) Informant Elizabeth Wildhaber

(b) Address Edwardsville, Illinois

17. (a) Removal (b) Date thereof 6/1/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edwardsville, Ill

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.,

19. (a) JUN 2 (b) J. F. Budek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison

(c) City or town Edwardsville
(If outside city or town limits, write "RURAL")

(d) Street No. 907 Highland Avenue
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1943 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 12
1943 to May 31 1943;
that I last saw him alive on May 31 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon
Toxic Hepatitis

Due to Fecal fistula & peritonitis

Due to Adeno Carcinoma of Hepatic Flexure

Other conditions no
(Include pregnancy within 3 months of death) HO

Major findings: Adeno carcinoma of Colon
Primary site was Colon

Of autopsy no

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 Henry P. Kuyun (M. D. or other) MD
Address 508 7th Street Date signed 6/1/43

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 *Alvin E. Hoppe*.....
Licensed Embalmer No. *2971*.....
P. O. Address.....

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.