

6. No. 2  
 5-17-39  
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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED DEC 5 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **36546**  
 Registrar's No. **10006**

Registration District No. **318**

Primary Registration District No. **11003**

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

**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:  
2637 Pennsylvania Ave.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community Life  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County 040  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2637 Pennsylvania Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country U

**3. (a) PRINT FULL NAME** THOMAS WILDMAN  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widower  
 7. (b) Name of husband or wife Theresa Wildman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased March 17 1865  
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Missouri (City, town, or county) \_\_\_\_\_ (State or foreign country) 0

10. Usual occupation Retired Day Laborer

11. Industry or business \_\_\_\_\_  
 12. Name Thomas Wildman  
 13. Birthplace Unknown (City, town, or county) \_\_\_\_\_ (State or foreign country) 9  
 14. Maiden name Unknown  
 15. Birthplace Unknown (City, town, or county) \_\_\_\_\_ (State or foreign country) 9

16. (a) Informant Genevive Deck  
 (b) Address 2637 Pennsylvania Ave.

17. (a) Burial (b) Date thereof Nov 25/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW S. S. PETER & PAUL

18. (a) Signature of funeral director Shorhuts & Co  
 (b) Address 2906 Gravois Ave.

19. (a) NOV 24 1944 (b) J. M. Deibel  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 22  
 year 1944 hour 11 30 P. M. 11 M.  
 21. I hereby certify that I attended the deceased from July 15 1944 to Nov 20 1944  
 that I last saw him alive on Nov 20 and that death occurred on the date and hour stated above. 1944

Immediate cause of death Cerebral hemorrhage  
 Due to general arterial sclerosis

Due to \_\_\_\_\_  
 Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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) 700  
 (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? 700 (Specify type of place) \_\_\_\_\_ Means of injury \_\_\_\_\_  
 23. Signature Wm. R. Nye M.D. (M. D. or other) \_\_\_\_\_  
 Address 2931 Broun av. Date signed 11/24/44

Dr. Meyer

**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 David Van Fossan

Licensed Embalmer No. 7242

P. O. Address 2706 Harrison

**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.**