

FILED OCT 26 1945

Primary Registration District No. 6076

Registrar's No. 2445

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis Gardenville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7905 Delmont /
(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 _____

3. (a) PRINT FULL NAME John Joseph Wild

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-09-8616

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rose Wild 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased July 20, 1902
(Month) (Day) (Year)

8. AGE: Years 43 Months 2 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace not known Austria-Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation Iron worker

11. Industry or business _____

MOTHER FATHER { 12. Name Not known
13. Birthplace Not known Austria-Hungary
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace Not known Austria-Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Wild
(b) Address 7905 Delmont

17. (a) burial (b) Date thereof 10/22/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cemetery
J L Ziegenhein & Sons

18. (a) Signature of funeral director J L Ziegenhein & Sons
(b) Address 7027 Grayois

19. (a) 10-23-45 (b) E M Benavente
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96
(c) City or town St. Louis Gardenville
(If outside city or town limits, write "RURAL")
(d) Street No. 7905 Delmont 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19 year 1945 hour 15 minute _____ P. M.

21. I hereby certify that I attended the deceased from Oct 1 1945 to Oct 19 1945 that I last saw him alive on Oct 19 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Myocarditis Elev. 6mo

Due to _____
Due to 938

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W Wagenbach (M. D. or other) _____
Address 4738 Grayois Av Date signed 10/20/45

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

40
10/26/45

OCT 27 1945

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 7027 Harris

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.