

FILED JUN 6 1948

STANDARD CERTIFICATE OF DEATH

19048

Registration District No. 318

Primary Registration District No.

1003

State File No.

Registrar's No. 4809

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4040 MIAMI
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: UNKNOWN (Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLIAM A. J. WILD

3. (b) If veteran, name war. 140 3. (c) Social Security No.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARGARET. 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased JAN 20 1885 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 4 7 hr. min.

9. Birthplace DERBY PENN 1 (City, town, or county) (State or foreign country)

10. Usual occupation OFFICE CLERK

11. Industry or business

12. Name UNKNOWN

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

14. Maiden name MARGARET DISKEY

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

16. (a) Informant MRS. MARGARET WILD

(b) Address 4040 MIAMI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/31/46 (Month) (Day) (Year)

(c) Place: burial or cremation WATERHOLE CEMETERY ILL.

18. (a) Signature of funeral director OSCAR J. HOFFMEISTER

(b) Address 4016 CHIPPewa

19. (a) MAY 29 1948 J. F. Bredek (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 080
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 4040 MIAMI (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 27 year 1946 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Duration
Coronary Occlusion
Coronary Sclerosis
94a

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) Means of injury
23. Signature J. F. Bredek (M. D. or other)
Address 4016 CHIPPewa Date signed 5/29/46

JUL 17 1946

MAY 29 1946

See Emb Cert to be filed

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.....

Licensed Embalmer No.....

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.