

FILED SEP. 9 1948

Registration District No. _____ Primary Registration District No. _____

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:
4259a N. 20th St.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4259a N. 20th St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Max Wild
 (b) If veteran, name war None
 (c) Social Security No. 491-14-6179

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
 year 1946 hour 6 minute 20 P.M.

4. Sex M
 5. Color or race W
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Caroline
 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased May 9 1874
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day
72 3 11 hr. _____ min.

Immediate cause of death
Crown Injuries
 Due to _____
 Due to 94
 Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation Leather Worker
 11. Industry or business Self

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Morris Wild
 13. Birthplace Unknown Austria
(City, town, or county) (State or foreign country)

14. Maiden name Anna Unknown
 15. Birthplace Unknown Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Caroline Wild
 (b) Address 4259a N. 20th St.

17. (a) Burial (b) Date thereof 8/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hiram

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? _____ (a) Means of injury _____

18. (a) Signature of funeral director Provest Ltd. Co.
 (b) Address 3710 N. Grand Blvd.

19. (a) J. F. Bradeck
(Date received by registrar) (Registrar's signature)

23. Signature Alfred J. Perry (M. D. or other) _____
 Address Deputy Coroner Date signed 8-23-46

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

28052

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.....

Carl E. Brown

Licensed Embalmer No. 1578

P. O. Address. 3710 N. Grand

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.