S. No. 2
M—2-43
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PI X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 29 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29215

State File No. 7324

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Maplewood, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7029 Bruno
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town ~~Maplewood~~ St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7029 Bruno
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ernest E. Wildt
3. (b) If veteran, name war No
3. (c) Social Security No. 488-09-9065
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth H.
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased May (Month) 7 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
78	3	14	hr. min.

9. Birthplace Jerseyville (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Structural Foreman
11. Industry or business
FATHER 12. Name William Wildt
FATHER 13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Kathren Schaeffer
MOTHER 15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Elizabeth Wildt
(b) Address 7029 Bruno
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 23 46 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester
19. (a) AUG 22 1946 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21 year 1946 hour 10 minute 20 A.M.
21. I hereby certify that I attended the deceased from April 10 1946 to Aug 21 1946 that I last saw him alive on Aug 24 1946 and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY SCLEROSIS — Duration 4 mo
Due to —
Due to —
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? (Specify type of place)
While at work? — (e) Means of injury —

23. Signature Vincent F. Townsend (M. D. or other) MD
Address 3101 Sutton Ave Maplewood Mo Date signed 8.22.46

(Licensed Embalmer's Statement on Reverse Side)

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 3454

, Registered Apprentice No.

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manches

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.