

FILED DEC 9 1946
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Forest Park & Euclid Ave**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **35 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **George Wilds**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **No.**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **D.V.**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **January 27, 1882**
(Month) (Day) (Year)

8. AGE: Years **64** Months **9** Days **22**
If less than one day hr. min.

9. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Maintenance man**

11. Industry or business

MOTHER FATHER
12. Name **Henry Wilds**
13. Birthplace **Switzerland**
(City, town, or county) (State or foreign country)
14. Maiden name **Not known**
15. Birthplace **Switzerland**
(City, town, or county) (State or foreign country)

16. (a) Informant **George Wilds**
(b) Address **2129a East Adelaide Ave**
17. (a) **Burial** (b) Date thereof **11/21/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**
(b) Address **2161 East Fair Ave**

19. (a) **NOV 20 1946** (b) *J. H. Hedrick*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2129a East Adelaide Ave**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **18th.**
year **1946** hour **5:05 P.M.** minute _____ 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 _____
Due to **Coronary Occlusion**
Coronary Sclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations *J. H. Hedrick*
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? _____

23. Signature *J. H. Hedrick* (M. D. or other) _____
Where at work? _____ (Specify type of place) (c) Means of injury _____
Date signed **11/20/46**

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

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 *William G. Buckholz*
Licensed Embalmer No. *2110*
P. O. Address *St. Louis Mo*

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.