FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 13 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 25073

Registrar's No. 1863

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Affton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 9930 Coventry Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Sarcoxie 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Daisy Bell Wild

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Gilbert H Wild

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. (Month) 28, (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	11	6	hr. min.

9. Birthplace Omaha (City, town, or county) Nebraska (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name James Allen
13. Birthplace (City, town, or county) Nebraska (State or foreign country)

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

16. (a) Informant C. E. Headley
(b) Address 9930 Coventry Lane, Affton

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation Sarcoxie Mo.

18. (a) Signature of funeral director Jackson Fun. Home
(b) Address Sarcoxie Mo.

19. (a) 8-4-48 (Date received local registrar) (b) Cecil A J Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~July~~ Aug 4 day
year 1948 hour 8 minute 06A M.

21. I hereby certify that I attended the deceased from Aug 2, 1948, to Aug 4, 1948;
that I last saw her alive on ~~about~~ Aug 3, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	1 hour
Due to hypertension	5 years
Due to Gen Arteriosclerosis	5 years
Other conditions (Include pregnancy within 3 months of death) — 83 b	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN

Underline the cause of 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 W. W. Fasman (M. D. ~~or other~~) MD
Address 9436 Gravois Date signed 10/3/13

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JUN 14 1956

SEP 14 1954

JUN 16 1954

FEB 1 1949

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Grav

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.