

No. 10-47
5-17-39
I 3906

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3712 N 14th 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 ood 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3712 N 14th St.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ursula 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 M

6. (b) Name of husband or wife Rudolf Wild
6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased Dec 25 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 13
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Stephen Thomaschitz

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

14. Maiden name Mary Schitagawitz

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

16. (a) Informant Dr. Rudolf Wild

(b) Address 3712 N 14th St.

17. (a) Burial (b) Date thereof 11-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Edward Kirby + Son

(b) Address 3716 N. 14th St. St. Louis Mo.

19. (a) NOV 10 1948 (b) J. P. Casator
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 8
year 1948 hour 10 minute 45P M.

21. I hereby certify that I attended the deceased from Sept. 25 1948 to Nov 8 1948
that I last saw her alive on Nov 8 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease
Chronic Arteriosclerosis
Duration 6 yrs + 2 yrs

Due to MI

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death) 15 yrs +

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)
(e) Means of injury? _____

23. Signature J. P. Casator (M. D. or other) MD
Address 4222 N. Grand Date signed 11-9-48

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

MOTHER FATHER

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 J. Allen Davis Jr.
Licensed Embalmer No. 40503
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.