

No. 300
10-48

FILED NOV 15 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35822

XC-156 15 75

Reg. No. 88114

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 6076

Registrar's No. 2628

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson Barracks</u>		c. LENGTH OF STAY (In this place) <u>53 Days</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. DATE OF DEATH (Month) (Day) (Year) <u>10 28 50</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Vet. Adm. Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>821 N. 16th Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Will</u>		b. (Middle) <u>(None)</u>	
c. (Last) <u>WILDBERGER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 28 50</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>10-22-91</u>	
9. AGE (In years last birthday) <u>59</u>		10. MONTHS <u>7</u> DAYS <u>14</u> MIN. <u>45 AM</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Buck Wildberger</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Holmes</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW-1</u>	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>V. A. Hospital Records</u>	
17. ADDRESS <u>V. A. Hospital Records</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		331X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>9-7-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Inguinal Herniorrhaphy</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>VA</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		331X	
22. I hereby certify that I attended the deceased from <u>Sept. 5th, 1950</u> , to <u>Oct. 28th, 1950</u> and that death occurred at <u>1:25A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Emil Frei</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Vet Adm. Hosp., Jeff. Bks., Mo.</u>	
23c. DATE SIGNED <u>10-28-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>10-31-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Love Undertaking Co., St. Louis, Mo.</u>	
25. ADDRESS <u>St. Louis, Mo.</u>		DATE REC'D BY LOCAL REG. <u>10-30-50</u>	
REGISTRAR'S SIGNATURE <u>W. R. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Love Undertaking Co., St. Louis, Mo.</u>	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

W. Claude Gordon

Signed.....

Student Embalmer

Licensed Embalmer No. *3489*

P. O. Address. *4575 Aldine*

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.