

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24131**  
Registrar's No. **3837**

FILED JUL 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 1232

1360  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>			2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Meremeec</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Meremeec</u>		d. STREET ADDRESS (If rural, give location) <u>Leslie R#R. 0360</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leslie - rural</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>M</u>	c. (Last) <u>Wildt</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 15, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Apr 9, 1876</u>	9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>6</u> IF UNDER 12 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Leslie Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Ferry Neier</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Schmitt</u>	
14. NAME OF HUSBAND OR WIFE <u>Charles Wildt</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Wildt</u>		18. ADDRESS <u>Leslie Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			<u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <u>Essential Hypertension</u>		<u>years</u>
DUE TO (c)			DUE TO (c) <u>Chronic myocarditis</u>		<u>years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 15, 1952</u> to <u>July 15, 1952</u> that I last saw the deceased alive on <u>July 14, 1952</u> , and that death occurred at <u>4 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>M. Matthews</u>			23b. ADDRESS <u>Beaufort Mo</u>		23c. DATE SIGNED <u>7-15-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 18 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Joseph Cath</u>	
24d. LOCATION (City, town, or county) (State) <u>New Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E H Semme</u>		25. ADDRESS <u>Beaufort Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-17-52</u>		REGISTRAR'S SIGNATURE <u>C. A. ...</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 \_\_\_\_\_

*E H Jenne*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer .

Signed *E H Jenne* \_\_\_\_\_

Licensed Embalmer No. *3076* \_\_\_\_\_

P. O. Address *Beaufort 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.