

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30535**
Registrar's No. **7585**

FILED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

4

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor		e. STREET ADDRESS (If rural, give location) 20 3225 N. Florissant 2209 0	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Julia	b. (Middle)	c. (Last) Wild	
5. SEX F		6. COLOR OR RACE W	

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 28-1875		9. AGE (In years) (Months) (Days) (Hours) (Min.) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Highland, Ill	

12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Theobold Zimmerman		13b. MOTHER'S MAIDEN NAME Mary Kentzinger		14. NAME OF HUSBAND OR WIFE Frank Wild Sr. (deceased)	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		INFORMANT'S SIGNATURE OR NAME Edwin J. Koch - 3516 N. 14th		ADDRESS	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 2 1/2	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ch. Myocarditis		ANTECEDENT CAUSES Carcinoma of Head of Pancreas				DUE TO (b)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		DUE TO (c)					

19a. DATE OF OPERATION June 12, 1953		19b. MAJOR FINDINGS OF OPERATION Tumor of Pancreas obstructing		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 157X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		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 **Aug 30**, 19**53**, to **Aug 3**, 19**53**, that I last saw the deceased alive on **Aug 1**, 19**53** and that death occurred at **5:21** a.m., from the causes and on the date stated above.

23a. SIGNATURE Edwin J. Koch		23b. ADDRESS 2435 N. Grand Blvd		23c. DATE SIGNED 8-3-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-5-1953		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Mo		24e. NAME OF CEMETERY OR CREMATORY		24f. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. AUG 4 1953		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Edw Koch + Son - 3516 N. 14th		ADDRESS	
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *J. Allen Davis*

Licensed Embalmer No..... *408*

P. O. Address..... *H. L.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.