

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29499**

FILED DEC 13 1954

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **2730**

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood | |
| c. LENGTH OF STAY (in this place) 1 Hour | | d. STREET ADDRESS (If rural, give location) 7430 Flora | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis County Hospital | | | |

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|--|--|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) _____ c. (Last) WILDT | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 23, 1954 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 8. DATE OF BIRTH 6/26/1874 | | 9. AGE (In years last birthday) 80 | | F UNDER 1 YEAR Months 4 Days 27 F UNDER 18 HRS. Hour 27 Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | | 11. BIRTHPLACE (State or foreign country) Louisiana Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME John Harris | | 13b. MOTHER'S MAIDEN NAME Annie Gregg | | 14. NAME OF HUSBAND OR WIFE Ernest E. Wildt Dec'd 1946 | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. 495-16-1402B | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank R. Wildt 7636 Lindburg Dr. | |

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|---|--|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH one hour | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY SCLEROSIS | | ANTECEDENT CAUSES | | | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: _____ DUE TO (b) _____ | | | |
| | | _____ DUE TO (c) _____ | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus | | | |

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 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) 4201 | |
| 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 **2-1, 1954** to **11/23/54**, 19____, that I last saw the deceased alive on **11/20/54**, 19____, and that death occurred at **10:15 p.m.**, from the causes and on the date stated above.

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|--|--|---|--|--|--|
| 23a. SIGNATURE (Degree or title) Vincent J. Townsend M.D. | | 23b. ADDRESS 310 La. Sutton Avenue MARLEWOOD | | 23c. DATE SIGNED 11-24-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 11/26/54 | | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery | |
| | | | | 24d. LOCATION (City, town, or county) (State) St. Louis County Missouri | |

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|--|--|-----------------------------|--|--|--|
| DATE REC'D BY LOCAL REG. 11/26/54 | | REGISTRAR'S SIGNATURE _____ | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary 6633 Clayton Road | |
|--|--|-----------------------------|--|--|--|

(Licensed Embalmers' Signatures on Reverse Side)

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

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
Student Embalmer

Signed _____

Fred J. Farmer

Licensed Embalmer No. _____

4788

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.