

FILED DEC 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **39160**BIRTH NO. **84422-55** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **2785**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>		c. LENGTH OF STAY (in this place) <b>4 hr. 43</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>945 Stanza</b>	
3. NAME OF DECEASED (Type or Print) <b>Baby Girl</b>		a. (First) <b>Baby Girl</b>	
b. (Middle)		c. (Last) <b>Wilder</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>11 14 55</b>		5. SEX <b>female</b>	
6. COLOR OR RACE <b>colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
8. DATE OF BIRTH <b>November 13, 1955</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <b>14 14 3</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Clayton Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Roosevelt Wilder</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Lee Ross</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>St. Louis County Hospital</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral anoxia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>immature development of lungs and atelectasis</b> DUE TO (c) <b>Prematurity</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>4th 13 7590</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>7625</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2 hrs</b>	
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) (Min.)	
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 <b>Nov. 13, 1955</b> , to <b>Nov 14, 1955</b> , that I last saw the deceased alive on <b>Nov 14, 1955</b> , and that death occurred at <b>12:33 m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Robert S. P. [Signature]</b>		23b. ADDRESS <b>433 Belvedere Lane St. Louis, Mo.</b>	
23c. DATE SIGNED <b>11/15/55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	
24b. DATE <b>11-28-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Louis Crematory</b>	
24d. LOCATION (City, town, or county) (State) <b>5800 Arsenal St. Louis Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>St. Louis Co. Hosp. - Clayton, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>11-28-55</b>		REGISTRAR'S SIGNATURE <b>Herbert H. Dombi, M.D.</b>	

59. (Licensed Embalmer's Statement 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.....  
Signature of Student Embalmer.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

*Not embalmed*

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.