DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40845

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 2106

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Richmond Heights (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5 days (Specify whether years, months or days)

In this community: 57 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County:

(c) City or town: Annapolis (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Edward Bliss Wilder

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Francess Isabelle

6. (c) Age of husband or wife if alive: 77 years

7. Birth date of deceased: March (Month) 15th (Day) 1862 (Year)

8. AGE: Years 77 Months 8 Days 15 If less than one day hr. min.

9. Birthplace: Tuolomne (City, town, or county) Calif. (State or foreign country)

10. Usual occupation: Secty. & Pt. Owner

11. Industry or business: Day Rubber Co.

FATHER 12. Name: Nathan Cornelius Wilder

FATHER 13. Birthplace: Hartford Conn. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Sarah Jane Bliss

MOTHER 15. Birthplace: Exses (City, town, or county) Conn. (State or foreign country)

16. (a) Informant's own signature: [illegible]

(b) Address: 511 Lee St. Evanston Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-2-39 (Month) (Day) (Year)

(c) Place: burial or cremation: Bellefontaine

18. (a) Signature of funeral director: Alexander & Sons

(b) Address: 6175 Delmar Blvd.

19. (a) NOV 30 1939 (Date received local registrar) (b) [illegible] M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30th year 1939 hour 4 minute a. M.

21. I hereby certify that I attended the deceased from Nov. 24, 1939, to Nov. 30, 1939, that I last saw him alive on Nov. 30, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	10 Days
Due to: General Arteriosclerosis	
Due to: [illegible]	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: None

Of autopsy: Coronary Thrombosis

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work?

(e) Means of injury:

23. Signature: R. V. Powell (M. D.)

Address: 3720 Washington Bl. Date signed: 11-30-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

(Licensed Embalmer's Statement on Reverse Side)

Dr R. J. Powell
3720 Washington
Res: 1 to 4 p.m.

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 Elbert E. White, Registered Apprentice No. 209, working under my personal supervision.

Signed J. Wm Dunkley

Licensed Embalmer No. 8653

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.