

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**FILED SEP 25 1949**

**27310**  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County..... | Registration District No. **791**  
 (b) Township..... | Primary Registration District No. .... Registered No. **7206**  
 (c) City **St. Louis** (d) Street No. **Barnes (3) Hospital** St. ....  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. **436 Iva C Wildermyer** St. **NR Greenville Ill**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Walter Wildermyer</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>June 12 - 1891</b>		
7. AGE YEARS <b>49</b>	MONTHS <b>2</b>	DAYS <b>16</b>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. <b>Housewife</b>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Kansas City, Kansas</b>		
13. NAME <b>W. S. Whittaker</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Hamilton Co., Canada</b>		
15. MAIDEN NAME <b>Mary Anne Morris</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Bonnel Co., Illinois</b>		
17. INFORMANT (ADDRESS) <b>Walter Wildermyer Greenville Ill.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Mt Moriah</b> DATE <b>Aug 30, 1949</b>		
19. FUNERAL DIRECTOR (ADDRESS) <b>O. E. BASS Greenville Ill</b>		
20. FILED <b>AUG 27 1949</b> <b>J. T. Bredeek</b> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 27 1940**

22. I HEREBY CERTIFY, That I attended deceased from **July 27 1940**, to **Aug 27 1940**.  
 I last saw her alive on **Aug 26 1940** Death is said to have occurred on the date stated above, at **5:30 a.m.**  
 The principal cause of death and related causes of importance were as follows:  
**Septicemia**  
**Aerthlorococcus Viridans**  
**Pneumonia Chronic**  
**1330**  
 Other contributory causes of importance:  
**Pylonephritis, Chr**  
**NA calculous**

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....  
 (Signed) **W. H. Olmsted** M. D.  
 (Address) **3720 Washington Blvd St Louis**

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**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**