

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3629 Hydraulic Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 61 years
years, months or days)

3. (a) PRINT FULL NAME Miss Frieda Wild

3. (b) If veteran, name war _____ 3. (c) Social Security No. 188-09-5506

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 1, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 10 29 hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Saleslady

11. Industry or business _____

MOTHER FATHER { 12. Name Albrecht Wild
 13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
 14. Maiden name Emma Bolinger
 15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank Weismann

(b) Address 3629 Hydraulic Avenue

17. (a) Burial (b) Date thereof Oct. 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Bedernieder funeral Home
 (b) Address 1936 St. Louis Avenue

19. (a) Oct 3 1940 (b) J.F. Bredeck
(Date received for local use) (Embalmer's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")
 (d) Street No. 3629 Hydraulic Avenue
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 30
 year 1940 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from February, 1938, to Sept 29, 1940, that I last saw her alive on Sept 29, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Throat 2 1/2 yrs.

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Morris Serrano (M. D. or other) _____
 Address 3651 Grandel Square Date signed 10/1/40

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

Dr. Herman
40 Luth. Hwy

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. *02737*

P. O. Address *1926 St. Louis*

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, above space should be left blank.