

Registration District No. **784**

Primary Registration District No. **106**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Kirkwood**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
515 N. Kirkwood Rd /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME **Adella McCaw Wilde**
3. (b) If veteran, name war **none**
3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **James Buckley Wilde**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 10 1850**
(Month) (Day) (Year)

8. AGE: Years **91** Months **3** Days **13**
If less than one day _____ hr. _____ min.

9. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business _____

MOTHER FATHER {
12. Name **James McCaw**
13. Birthplace **Ky.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Ann Munne**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Carlu Wilde Lewis**
(b) Address **515 N. Kirkwood Rd Kirkwood Mo**

17. (a) **Burial** (b) Date thereof **6/24/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Bellefontaine Cem.**

18. (a) Signature of funeral director **Louis H. Boye Inc.**
(b) Address **131 W Argonne Dr Kirkwood, Mo**

19. (a) **JUN 23 1941** (b) **W. W. ...**
(Date received local record) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis 06**
(c) City or town **Kirkwood**
(If outside city or town limits, write "RURAL")
(d) Street No. **515 N Kirkwood Rd**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **23**
year **1941** hour **5 A.M** minute _____ M.
21. I hereby certify that I attended the deceased from **1917**
June 28th 1941 to **June 23 1941**
that I last saw her alive on **July 22 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **arteriosclerosis**
Duration _____

Due to **age**
Due to **97**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____
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 **W. W. ...** D. or other) **0**
Address **W. W. ...** Date signed **6-23-41**

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

JUL 16 1925

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.....

John M. Meyer

Licensed Embalmer No. *3288*

P. O. Address *340 W. Adams and
Kirkwood, 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.