

S. No. 2  
M-9-4-41  
r. 5-17-39  
P-1 X29484

9399

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
Registrar's No. .... 2971

FILED APR 17 1942  
731

Registration District No. .... Primary Registration District No. .... 1003

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

20  
17  
9

1. PLACE OF DEATH:  
(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home 4937 Landsdown  
(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

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 14  
(c) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4937 Landsdown  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henrietta Wilder  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife C. A. Wilder  
6. (c) Age of husband or wife if alive 89 years  
7. Birth date of deceased: Feb 6 1858  
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 26  
If less than one day: hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Scott, Mo. Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name Fred Berkenmeyer  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Welsler  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant C. A. Wilder  
(b) Address 4937 Landsdown

17. (a) Removal (b) Date thereof 4/3/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ladonia, Mo.

18. (a) Signature of funeral director Albert H Hoppe

(b) Address 4700 Washington

19. (a) APR 2 1942 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 1942  
year \_\_\_\_\_ hour 5:55 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 4/1/42 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him alive on 4/1/42 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Chronic hemorrhage 4 days  
(left brain bleed)

Due to \_\_\_\_\_  
Other conditions Chronic hepatitis 2 yrs  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations \_\_\_\_\_  
Of autopsy None

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 D. C. Pugh (M. D. or other) \_\_\_\_\_  
Address 45735 N. High Date signed 4/1/42

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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**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.....

*Walter H. Burnley*

Licensed Embalmer No. *4202*

P. O. Address.....

*St Louis 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.**