

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 1 1946**  
STANDARD CERTIFICATE OF DEATH

8114

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
ST. MARY'S INFIRMARY  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 DAYS  
Specify whether \_\_\_\_\_

In this community 114 YRS.  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 1420 N. 15th St. 2517  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** HARRIE MAE WYLDMAN

3. (b) If veteran, name war NONE

3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 2 day 8  
year 46 hour 9 minute 45 A.M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race col.

6. (a) Single, widowed, married, divorced Widowed  
By separation

6. (b) Name of husband or wife Leather Wyldman

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 10-1905  
(Month) (Day) (Year)

Immediate cause of death Acute Pulmonary Edema  
Contrib. Other Chest Pain  
(COPD Method) while undergoing  
a surgical abdominal operation  
at St. Mary's Infirmary on  
Sat. 8-19-46

Duration \_\_\_\_\_

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

Major findings: Operation for  
Of operations Hysterectomy

**8. AGE:** Years 40 Months 8 Days 28  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Marve ARK.  
(City, town, or county) (State or foreign country)

10. Usual occupation L.P. BAR

11. Industry or business Poultry House

12. Name John Walstead

13. Birthplace ARK.  
(City, town, or county) (State or foreign country)

14. Maiden name MARY BAILEY

15. Birthplace ARK.  
(City, town, or county) (State or foreign country)

16. (a) Informant ETTAMAE WALSTEAD

(b) Address 2406 N. Newstead

17. (a) BURIAL (b) Date thereof 7-12-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Dale

18. (a) Signature of funeral director Juan Dale

(b) Address 3546 Franklin

19. (a) FEB 9 1946 (b) J. F. Brudek  
(Date received local registrar) (Registrar's signature)

**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 3

23. Signature Stanley Taylor (M. D. or other) 3

Address Alger Date signed 7/9/46

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

MOTHER FATHER

FEB 9 1945

*Emb sep Cert to be filed*

**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.....

P. O. Address.....

**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.**