

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28429

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 545 Registrar's No. 1941

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood		c. CITY OR TOWN Maplewood	
c. LENGTH OF STAY (in this place) 6 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7210 Lyndover		e. STREET ADDRESS (If rural, give location) 7210 Lyndover	
3. NAME OF DECEASED (Type or Print) a. (First) EMIL		b. (Middle) Wilder.	
c. (Last) Wilder.		4. DATE OF DEATH (Month) (Day) (Year) Aug. 19, 1955	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARR.		8. DATE OF BIRTH May 10, 1888	
9. AGE (In years last birthday) 67		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wholesale Candy		10b. KIND OF BUSINESS OR INDUSTRY Jobber	
11. BIRTHPLACE (City and State or Foreign Country) Roumania		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Itzak Wilder		13b. MOTHER'S MAIDEN NAME Rachael Unk.	
14. NAME OF HUSBAND OR WIFE Ernestine		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. Unk.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ernestine Wilder 7210 Lyndover	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>4/19</u> , 19 <u>39</u> , to <u>8/19</u> , 19 <u>55</u> that I last saw the deceased alive on <u>8/19</u> , 19 <u>55</u> , and that death occurred at <u>11:2 a. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE Thomas Oled (Degree or title) W.D.		23b. ADDRESS 601 Humboldt Bldg	
23c. DATE SIGNED 8/20/55		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 8/21/55m		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth	
24d. LOCATION (City, town, or county) (State) University City Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charger Memorial 4715 McPerson	
DATE REC'D BY LOCAL REG. 8/20/55		REGISTRAR'S SIGNATURE Herbert R. ...	

(Licensed Embalmer - Placement on Reverse Side)

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

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 428

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.