FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008116
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 507

1. PLACE OF DEATH a. COUNTY Saint Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton — Inside Limits Yes X No ☐	c. CITY OR TOWN Kinloch 409 1/0 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis Co. — Length of stay in 1b: One Day	d. STREET ADDRESS (If outside, give location) 930 Wesley Ave. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Joseph Middle: Last: Wilder				4. DATE OF DEATH Month Day Year: Feb. 15 1958	
5. SEX: Male	6. COLOR OR RACE: Negro	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Sept. 1. 1892	9. AGE (In years last birthday): 66	IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired	10b. KIND OF BUSINESS OR INDUSTRY: None (Various)		11. BIRTHPLACE (City and state or country): Brownsville, Tenn		12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Calvin Wilder			14. MOTHER'S MAIDEN NAME: Emma Whitlow		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.: 414-12-0767	17. INFORMANT: Anna Wilder	Address: 930 Wesley Ave.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Subarachnoid Hemorrhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Hypertensive Arteriosclerotic Heart Disease

DUE TO (c) Generalized arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 443X

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-14-58, to 2-15-58 and last saw ~~her~~ him alive on 2-15-58

Death occurred at 1:10 p.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John E. Oakley, M.D. (Degree or title)

22b. ADDRESS 601 S. Brentwood, Clayton, Mo

22c. DATE SIGNED 2/15/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2/20/58

23c. NAME OF CEMETERY OR CREMATORY: Washington Park Cem.

23d. LOCATION (City/town, or county) (State): Berkeley, Missouri

24. FUNERAL DIRECTOR: Boyd Bros Funeral Home — ADDRESS: 4384 Lix Ave-Kinloch

25. DATE RECD. BY LOCAL REG.: 2-18-58

26. REGISTRAR'S SIGNATURE: Herbert R. Donke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only ... diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edward A. Flynn

Licensed Embalmer No. 449

P. O. Address 438 Lix Kwiah

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.