

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2626 St. Vincent Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 28 years
years, months or days

3. (a) PRINT FULL NAME OLIVE F. WILDMAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced D 3
6. (b) Name of husband or wife Jesse F. 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased June 18, 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 1 20 hr. _____ min.

9. Birthplace Farmington, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business St Home

MOTHER FATHER

12. Name Charles Wampler
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Ellen Silvey
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Howard Wildman
(b) Address 2626 St. Vincent Street

17. (a) burial (b) Date thereof 8-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Arkview Cemetery Farmington, Missouri

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) AUG 10 1948 (b) J. F. Brubaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2626 St. Vincent Street (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th
year 1948 hour 11:00 minute _____ M.

21. I hereby certify that I attended the deceased from your 31st 48
8th to 8th 48
that I last saw her alive on 8th 48
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thromboses Duration 3 days
Due to 94th
Due to _____

Other conditions Menopausal
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury stroke

23. Signature Frank Cleary (M. D. or other) _____
Address 1935 Park Date signed 19 Aug 48

Dr. Frank Cleary
1935 Park Avenue

msd

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.....

C W Cooper

Licensed Embalmer No. *3830*

P. O. Address.....

2301 Lafayette

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.