

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.
26027

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. **791**
1003
Primary Registration District No. *Colleges Ave*

File No.....
Registered No. **7214**
St. Ward)

2. FULL NAME

(a) Residence. No. *3303 Colleges Ave* St. *9* Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Albert J. Wildt*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Mar. 5, 1867*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 4 2

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *At Home*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England*

10. NAME OF FATHER *John O'Hull*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

12. MAIDEN NAME OF MOTHER *Bridget Curran*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

14. INFORMANT (Address) *Albert J. Wildt 3303 Colleges Ave*

15. FILED *JUL 9 1926* *Max D. Starnoff* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *July 7 1929*

17. I HEREBY CERTIFY, That I attended deceased from *July 2* 19*29* to *July 7* 19*29* that I last saw *alive on* *July 7* 19*29* and that death occurred, on the date stated above, at *6:20* A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardio vascular renal disease
46B
131 (duration) yrs *6* mos *-* ds.
CONTRIBUTORY *Carcinoma of stomach*
(SECONDARY) (duration) yrs *6* mos *-* ds.

18. WHERE WAS DISEASE CONTRACTED? (IF NOT AT PLACE OF DEATH) *44A*

DID AN OPERATION PRECEDE DEATH? *N* DATE OF *-*
WAS THERE AN AUTOPSY? *N*

WHAT TEST CONFIRMED DIAGNOSIS? *Urinalysis*
(Signed) *R. Bennett Hawn*, M. D.
July 8, 1929 (Address) *1117 N. Grand*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Patuxent* DATE OF BURIAL *July 10 1929*

20. UNDERTAKER *Max H. Hendrickson 29 So. 26th St. E. Fair Ave.*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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