

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.

MAR 12 1938

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

Do not use this space.

1. PLACE OF DEATH

County.....

Township.....

City..... (No.)

Registration District No. 791

Primary Registration District No. 1003

File No. 7603

Registered No. 1248

St. Ward)

2. FULL NAME

Henry Wild

(a) Residence, No. 2808

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. mos. ds. 24

(If nonresident, give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *LATE Francis Wild*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 26 1871*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *62 0 6*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

13. NAME *A. A. Wild*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Mat Kump*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mat Kump*

17. INFORMANT (ADDRESS) *Hosp of St. Peter's City of St. Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Peter's Cemetery* DATE *Friday 5 1938*

19. UNDERTAKER (ADDRESS) *Wm. Leidner, 1417 N. Market St.*

20. FILED *3 1938* *J. Bredeck* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2/2 1936*

I HEREBY CERTIFY, That I attended deceased from *1/20 1936* to *2/2 1936*. I last saw *him* alive on *2/2/36*. Death is said to have occurred on the date stated above, at *1:00 a.m.*

The principal cause of death and related causes of importance were as follows:

Streptococcus meningitis, otitis media, left Streptococcus

Other contributory causes of importance: *89a*

Name of operation *none* Date of

What test confirmed diagnosis? *Culture* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury *Asphyxiation*

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *H. J. Howard* M. D.

(Address) *City of St. Louis*

