NOV 4 1936

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

Do not use this space.
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39816

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1. PLACE OF DEATH

County..... Registration District No. 1003 File No.

Township..... Primary Registration District No. Registered No. 10870

City ST LOUIS, MO (No. ..., ST. ANTHONYS HOSP. St. ..... Ward)

2. FULL NAME BARNABAS J. WILDHABER

(a) Residence, No. ..... St., N R Ward. BOURBON, MO.
(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: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: SINGLE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-11-1899

7. AGE: YEARS 37 | MONTHS 4 | DAYS 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER

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): BOUR BON MO.

FATHER

13. NAME: JOSEPH M. WILDHABER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BEAUFORT MO.

MOTHER

15. MAIDEN NAME: ELIZEBETH ENGER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BEAUFORT MO.

17. INFORMANT (ADDRESS): JOSEPH M. WILDHABER BOURBON, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE SULLIVAN, MO. DATE 10/31 1936

19. UNDERTAKER (ADDRESS): ALBERT H. HOPPE INC 4129 N. EUCLID AVE.

20. FILED OCT 30 1936, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/29/36, 19

22. I HEREBY CERTIFY, That I attended deceased from October 12, 1936, to Oct. 29, 1936, 19
I last saw him alive on October 28, 1936. Death is said to have occurred on the date stated above, at 3:20 AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Paritonitis.	
129 duration:- five weeks.	

Other contributory causes of importance:
Pneumonia) type unknown as he was not under my professional care). Duration: Unknown.

Name of operation none. Date of

What test confirmed diagnosis? (pathological findings) 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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) 3606 Gravois Ave.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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