

MAR 5-1937

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

Do not use this space.

1. PLACE OF DEATH

County St. LouisRegistration District No. 791Township 7Primary Registration District No. 1003City St. Louis(No. 4125, Osceola)File No. 8557Registered No. 2012St. 12 Ward2. FULL NAME Arthur Joseph Wild(a) Residence, No. 4125 Osceola St. 12 Ward.

(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

Male

4. COLOR OR RACE

White

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

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

October 10, 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

45

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

Infant

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)

St. Louis Mo

13. NAME

Arthur J. Wild

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

St. Louis Mo

15. MAIDEN NAME

Anna Hugg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis Mo

17. INFORMANT

(ADDRESS)

Arthur J. Wild
4125 Osceola Str

18. BURIAL, CREMATION, OR REMOVAL

PLACE MT. HOPE CEMDATE 2-17-37

19. UNDERTAKER

(ADDRESS)

Oscar J. Hoffmeister
4016 Chipmunk Str

20. FILED

FEB 17 1937J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Feb 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan 29, 1937 to Feb 15, 1937I last saw him alive on Feb 11, 1937 Death is saidto have occurred on the date stated above, at 5:20 p. m.

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

Date of onset

Ac. grip

Other contributory causes of importance:

Ac. Bronchitis
Atitis Throat (A.T.)

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, or homicide? Date of injury

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) Ernest L. Coffin M. D.(Address) 4500 Olive St

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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