

JUN 12 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH **791**

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No.)

Registration District No. **1003**
Primary Registration District No. DePaul Hospital

File No. **18691**
Registered No. **5267**
St. Ward)

2. FULL NAME C. Otto Wilde,

(a) Residence, No. 4643 Carrie Ave., St. 9 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from May 20th, 1937, to May 25th, 1937. I last saw her alive on May 25th, 1937. Death is said to have occurred on the date stated above, at 7:00 A. M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27th, 1871

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 14 66 3 28

Streptococcal infection of throat. Date of onset May 20th

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

Septicemia (bacterial) secondary to the infection.

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 Henry Widem
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) Paul Wilde, 4643 Carrie Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE May 28th, 1937

19. UNDERTAKER (ADDRESS) My Leiner and Co. 1417 N. Market St.

20. FILE MAY 27 1937 J. T. Bredeck Registrar

Other contributory causes of importance: 115

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes

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) Paul P. Gille, M. D.
(Address) 3611 St. Louis Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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3001 *Adiantum*