

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

Do not use this space.

SEP 25 1937

1. PLACE OF DEATH
 County St. Louis Registration District No. 790
 Township Clayton Primary Registration District No. 6033a File No. 31822
 City Clayton (No. St. Louis County Hospital Registered No. 308 St. Ward)

2. FULL NAME Lillie Wilder
 (a) Residence, No. Winton & Jones St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fem. 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Venice Wilder
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 1899
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
38 1 11
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
 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) Alabama

FATHER 13. NAME Joe Traves

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

MOTHER 15. MAIDEN NAME Lucy Sledge

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

17. INFORMANT husband, Venice Wilder
 (ADDRESS) Winton & Jones

18. BURIAL, CREMATION, OR REMOVAL
Washington Park Cem DATE 9-4

19. UNDERTAKER (ADDRESS) Boyd Bros Iron Home
1111 Stange Kimbark

20. FILED 9/3 137 D.A. Signorelli
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-29-37 .19

22. I HEREBY CERTIFY, That I attended deceased from 8-9-37, 19, to 8-29-37, 19.
 I last saw her alive on Aug. 29, 1937. Death is said to have occurred on the date stated above, at 3 A.M.
 The principal cause of death and related causes of importance were as follows:

Essential Hypertension Date of onset
Chronic Nephritis 3 yrs

Other contributory causes of importance:
Arteriosclerosis 8/22/37

Name of operation clinical Date of no
 What test confirmed diagnosis? 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) [Signature], M. D.
 (Address) St. Louis Co. Wash.

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.

