

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

Do not use this space.

39687

1. PLACE OF DEATH 1937

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, (No. Central Hospital)

File No.....

Registered No. 10674

St. Ward)

2. FULL NAME Infant Gilder

(a) Residence, No.
(Usual place of abode)

St., nr Ward, Webster Groves, Mo.

(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) Nov. 18, 1937.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

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) St. Louis, Mo.

13. NAME Thomas G. Gilder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma City, Okla.

15. MAIDEN NAME Faye Christen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Thos. G. Gilder
(ADDRESS) Webster Groves, Mo.

18. BURIAL, CREMATION, OR REMOVAL

SS. Peter and Paul Cem DATE Nov. 18, 1937.

19. UNDERTAKER J. H. Gebert & Co.
(ADDRESS) 2842 Maramec St.

20. DATE OF DEATH Nov 18 1937 Registrar J. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1937

22. I HEREBY CERTIFY That I attended deceased from 19..... to Nov 18, 1937

I last saw h..... alive on....., 19..... 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:

Still born Date of onset

Other contributory causes of importance:

Mal position
Wasson slow delivery

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....., 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) Walter H. Dabson, M. D.

(Address) 706 Century Bldg

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.

