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.

JUL 12 1939

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

Do not use this space.

791

20502

1003

File No.

Registered No. 5346

1. PLACE OF DEATH

County

Township

City St. Louis (No. 6543 Fyler St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Willard Wider

(a) Residence. No. 6543 Fyler St., 3 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 7 mos. 26 ds. How long in U.S., if of foreign birth? 45 yrs. 7 mos. 26 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: May Satory Wider

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 20, 1893

7. AGE: 45 YEARS, MONTHS: 6, DAYS: 25, If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Brewery

(c) Name of employer: Hyde Park Brewery

9. BIRTHPLACE (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: William H. Wider

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Clara Bodenmann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): St. Louis Mo.

14. INFORMANT: May Wider
(Address) 6453 Fyler

15. FILED JUN 15 1939 J. F. Bredeck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 15 1939

17. I HEREBY CERTIFY, That I attended deceased from May 17, 1939, to June 15, 1939 that I last saw him alive on June 8, 1939, and that death occurred, on the date stated above, at 9.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Hypertensive cardiovascular vascular disease

(duration) yrs. mos. ds.

(removal of tonsils non diphtheretic non malignant

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Convalescing - June

DID AN OPERATION PRECEDE DEATH? No DATE OF June 5, 1939

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & laboratory

(Signed) Lawrence D. Thompson, M. D.

, 19 (Address) 4932 Maryland Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Missouri Crematory

DATE OF BURIAL: 6/17/39 19

20. UNDERTAKER: Wacker-Helderle

ADDRESS: 2331 S. Broadway

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Frank J. Wyland Sr., Registered Apprentice No. ____, working under my personal supervision.

Signed Frank J. Wyland Sr.

Licensed Embalmer No. 2645

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.