

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 20 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8522

1. PLACE OF DEATH:

(a) County St. Louis 11 Mo

(b) City or town St. Louis 11 Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6931 So. Broadway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town City of St. Louis
(If outside city or town limits, write "RURAL")

(d) 6931 South Broadway
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Ernst Wilde

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Bertha Wilde

6. (c) Age of husband or wife if alive 30 years (Month) (Day) (Year)

7. Birth date of deceased August 30 1881
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation butcher

11. Industry or business unknown

12. Name unknown

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Fischer

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Wilde

(b) Address 6931 So. Broadway

17. (a) burial (b) Date thereof 10-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 South Grand Blvd.

19. (a) OCT 10 1944 (Date received local registrar)
J. F. Bueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9 1944
yes 1944 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from SEP 20, 1944 to Oct 9, 1944
that I last saw him alive on Oct 8 12 PM, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer
(carcinoma) upper + lower tip of right
Due to side + right neck

Cancer
Due to Primary site right side of neck

Other conditions no other
(Include pregnancy within 3 months of death)

Major findings: Of operations 55

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
Means of injury _____

23. Signature J. F. Zeller (M. D. or other)

Address 719A So. Bduwy Date signed Oct 9/44

Duration About 2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Virgil L. Perryman
.....
Licensed Embalmer No. *4018*

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, fact should be so stated above.