No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 11 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

41941

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11324

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Yrs. 15 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES WILDE
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 30 (Day) 1881 (Year)

8. AGE: Years 67 Months 11 Days 00 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation Bartender
11. Industry or business

FATHER
12. Name Carl Wilde
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Herminia Bogdanski
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal St.,
17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof DEC 31 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical Board
18. (a) Signature of funeral director
(b) Address Rowland Mortuary Service 4101 Manchester Ave.
19. (a) DEC 31 1948 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29 year 1948 hour 11:30 A.M. (Estimate) M.
21. I hereby certify that I attended the deceased from July 2, 1944, to November 29, 1948 that I last saw him alive on November 28, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Encephalitis	2 wks.
Due to: Generalized arteriosclerosis	many years.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of which death should be charged statistically.

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

23. Signature Salvan Bruce Bowhill (M. D. or other)
Address City Date signed 11/29

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Ralph W Henson

Licensed Embalmer No. 3791

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.