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.

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

Do not use this space.

38454

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

Township ..... Primary Registration District No. .....

City St Louis Mo (No. Barnes Hospital St. ..... Ward)

File No. .....

Registered No. 11072

2. FULL NAME Wilder, Emma Mary

(a) Residence. No. 5371 Lotus St., ... Ward. .....
(Usual place of abode) (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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Frank Wilder

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 1, 1869

7. AGE: 59 YEARS | MONTHS: 6 | DAYS: 11 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

PARENTS

10. NAME OF FATHER: George Littlefield
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ill
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mr Harold A Wilder
(Address) 5371 Lotus Ave

15. FILED 13 1928, 19.. Max C Starkloff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-12 1928

17. I HEREBY CERTIFY, That I attended deceased from 10-16, 1928, to 11-12, 1928 that I last saw her alive on 11-12, 1928 and that death occurred, on the date stated above, at 3:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Intestine (Colon)
462
932
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): ~~Circulatory~~ Myocarditis, ~~Pallopsis~~ chronic
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? Yes DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) Jno. E. Hobbs, M. D.
, 19.. (Address) Barnes Hospital

*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: Lake Charles Cem.
DATE OF BURIAL: Nov 12, 1928

20. UNDERTAKER: Drehmann Hanal
ADDRESS: 1905 Union