

6670 MAR 13 1939

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

5975  
Do not use this space.

1. PLACE OF DEATH  
(a) County Buchanan Registration District No. 85  
(b) Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 186  
(c) City St. Joseph (d) Street No. 2511 Ashland Avenue St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Wild  
(a) Residence, No. 2511 Ashland Avenue, St. Joseph St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Caroline Wild

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 13, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
79 6 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Hardware  
9. Industry or business in which work was done, as saw mill, bank, etc. Merchant  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

FATHER 13. NAME Robert Wild  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER 15. MAIDEN NAME Katherine Jesberg  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT Miss Dora Ramsbacher  
(ADDRESS) 2511 Ashland Ave., St. Joseph, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE March 1 1939

19. FUNERAL DIRECTOR Walter Meierhoffer  
(ADDRESS) 1302 Faraon St., St. Joseph, Mo

20. FILED Feb 28 39 D.J. Westblush  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st 1939 to Feb. 26th 1939  
I last saw him alive on Feb. 26 1939 Death is said to have occurred on the date stated above, at 11:59p.  
The principal cause of death and related causes of importance were as follows:

Cancer of Esophagus

Other contributory causes of importance: Inanition Hb

Name of operation ..... Date of .....  
What test confirmed diagnosis? Clinical Was there an autopsy? NO

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? Yes  
If so, specify Sturgeon, Ironing  
(Signed) Sturgeon, Ironing M. D.  
(Address) Phys. & Surg. 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.

**STATEMENT BY LICENSED EMBALMER**

I, Wilbur Kelly, Licensed Embalmer No. Mo. 3946

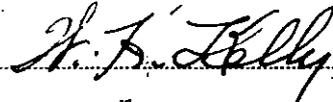
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed.....



Licensed Embalmer No. Mo. 3946

**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.)**