

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days)
 In this community 37 years

3. (a) PRINT FULL NAME Clifton Wilder

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race Col. 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 Aug. 15 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 0 24 hr. min.

9. Birthplace Memphis Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation porter

11. Industry or business Photo Finisher

12. Name Clifton Wilder

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

14. Maiden name Unknown

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

16. (a) Informant Russell Smith

(b) Address 2934 Lucas ave

17. (a) Burial (b) Date thereof 9-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington park.

18. (a) Signature of funeral director Dement & Son.

(b) Address 2629-31 Wash. st.

19. (a) SEP 14 1940 (b) J.P. Prudek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
 (d) Street No. 2638 Franklin
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8
 year 1940 hour 2:40 minute _____ A. M.

21. I hereby certify that I attended the deceased from August 25, 1940, to Sept 8, 1940;
 that I last saw him alive on Sept 8, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death: Probable Ca of Colon 10-12mos
Duration

Due to _____

Due to _____

Other conditions Lympho granuloma Inguinale 4 mos
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to 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? _____

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 Signature Edel M. Dutash (d) D. or other) _____
 Address 2601 N Whittier Date signed _____

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

MOTHER FATHER

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. *L. B. Boykin*

working under my personal supervision.

Signed *L. B. Boykin*

Licensed Embalmer No. *294*

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.