

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

Do not use this space.

29088

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **4532**) **Lindell** St. .... Ward)

File No. ....  
 Registered No. **8077**

**2. FULL NAME**

**Festus J Wade**  
 (a) Residence. No. .... St. **12** 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**

<b>3. SEX</b> <i>Male</i>	<b>4. COLOR OR RACE</b> <i>White</i>	<b>5. SINGLE, MARRIED, WIDOWED OR DIVORCED</b> (write the word) <i>married</i>
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <i>Katherine V Wade</i>		
<b>6. DATE OF BIRTH (MONTH, DAY AND YEAR)</b> <i>Oct 14 1859</i>		
<b>7. AGE</b>	<b>YEARS</b> <i>67</i>	<b>MONTHS</b> <i>11</i>
	<b>DAYS</b> <i>14</i>	<b>IF LESS than 1 day, hrs. or min.</b>
<b>8. OCCUPATION OF DECEASED</b>		
(a) Trade, profession, or particular kind of work <i>Banker 451</i>		
(b) General nature of industry, business, or establishment in which employed (or employer) <i>President 1011</i>		
(c) Name of employer <i>Mercantile Trust Co</i>		

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**  
*Ireland*

**10. NAME OF FATHER**  
*Thomas Wade*

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)**  
*Ireland*

**12. MAIDEN NAME OF MOTHER**  
*Unknown*

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)**  
*Ireland*

**14. INFORMANT**  
*Mrs Katherine V Wade*  
(Address) *4532 Lindell Bk*

**15. FILED** *SEP 29 1927* *max e Starceff*  
19..... REGISTERED

**MEDICAL CERTIFICATE OF DEATH**

**3** **16. DATE OF DEATH (MONTH, DAY AND YEAR)** *Sept 28 1927*

**17. HEREBY CERTIFY, That I attended deceased from**  
*Aug 3 1927*, to *Sept 28 1927*  
 that I last saw him alive on *Sept 28 1927*, and that death occurred, on the date stated above, at *8:05 P.M.*

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

*Carcinoma of Pharynx -*  
 (duration) yrs. *3* mos. *15* ds.

**CONTRIBUTORY (SECONDARY)** *Pneumo-Pneumonia*  
 (duration) yrs. .... mos. *8* ds.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH.....

**1** DID AN OPERATION PRECEDE DEATH? *Yes* DATE OF *Aug 9, 1927*

WAS THERE AN AUTOPSY? *No.*

WHAT TEST CONFIRMED DIAGNOSIS? *Operation & Microscopical Examination of tumor.*  
 (Signed) *Geo. W. Wilson*, M. D.  
*9/29 1927* (Address) *1004 Cassami Bldg.*

\*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** *Cemetery* **DATE OF BURIAL** *9-30-1927*

**20. UNDERTAKER** *Arthur J. Donnelly* **ADDRESS** *2039 Wash St*

PERMANENT RECORD

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.

