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.

NOV 28 1932

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

Do not use this space.

33523

1. PLACE OF DEATH
96 County St Louis — Registration District No. 1170 — File No.
7 Township — Primary Registration District No. 6248 H — Registered No. 208
7 City Richmond Hts Mo No. 1720 Boneta Ave. St. Ward)

2. FULL NAME Josephine Wade
(a) Residence. No. 1427 Rankin St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Marlin Wade

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dont Know

7. AGE: Yrs 56 Months Unknown Days — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio 2

PARENTS
10. NAME OF FATHER: Dont Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know 31
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

14. INFORMANT: Dr J. P. Wade
(Address): ~~1720 Boneta~~ 1427 Rankin

15. FILED 10/29, 1932 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 29 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct. 26th, 1932, to Oct. 29, 1932 that I last saw her alive on Oct. 28, 1932, and that death occurred, on the date stated above, at 5:05 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pneumonia (Hypostatic)

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY): Cerebral Apoplexy
Auric. Fibrillation (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (1)
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) M.W. Abertoli, M. D
, 19 (Address) St. Mary's 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: Indianapolis Ind — DATE OF BURIAL: Nov 1932

20. UNDERTAKER: Thomas J. Finan Jr. — ADDRESS: 1519 So Grand

L616