

APR 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primarily Registration District No. **1093**
City St. Louis (No. Jewish Hosp)

File No. **12691**
Registered No. **2719**
St. _____ Ward _____

2. FULL NAME

Virginia Wade
(a) Residence, No. 3948 Flora Blv. Ward. 17
(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John L. Wade

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 11 2

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia13. NAME G. Bellert14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) C.S.15. MAIDEN NAME Not known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 217. INFORMANT John L. Wade
(ADDRESS) 3948 Flora Blv18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pater DATE Mar 13 193619. UNDERTAKER Ray Luderer & Co
(ADDRESS) 1417 N. Grand St20. FILED MAR 12 1936 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/10 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to 3/10, 1936
I last saw him alive on 3/10/36, 1936 Death is said

to have occurred on the date stated above, at 10:40 p. m.
The principal cause of death and related causes of importance were as follows:

Coronary artery occlusion Date of onset 3/12/36
59

Other contributory causes of importance:

Chronic myocarditis
Diabetes mellitus

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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? No
If so, specify _____

(Signed) Hubert V. Lodewans, M. D.
(Address) 1027 Mo 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.

