

Registration District No. **791**
1008 Primary Registration District No. _____

1. PLACE OF DEATH: **Henrietta, Mo.** **DEPT. SEP 14 1939**
(a) County: **St. Louis, Mo.**
(b) City or town: **St. Louis, Mo.**
(c) Name of hospital or institution: **3214 HENRIETTA ST.**
(d) Length of stay: _____
In this community _____ years, months or days

3. (a) PRINT FULL NAME: **Idell Wade**
3. (b) If veteran, name war: _____
3. (c) Social Security No.: _____

4. Sex: **Female**
5. Color: **White**
6. (a) Single, Married, divorced: **Married**
6. (b) Name of husband or wife: **J.W. Wade**
6. (c) Age of husband or wife if alive: **49** years
7. Birth date of deceased: **December 24, 1894**

8. AGE: **44** Years _____ Months _____ Days _____
If less than one day _____ hr. _____ min.

9. Birthplace: **Perryville, Mo.**
Housewife (State or foreign country)

10. Usual occupation: _____

11. Industry or business: _____
12. Name: **James Dean**
13. Birthplace: **Perryville, Mo.**
14. Maiden name: **Mary Myles**
15. Birthplace: **Perryville, Mo.**

16. (a) Informant's own signature: **J. W. Wade**
(b) Address: **3214 Henrietta**

17. (a) **Burial** (b) Date thereof: **Aug. 3, 1939**
(c) Place: **Calvary Cem.**

18. (a) Signature of funeral director: **E. J. Schuur**
(b) Address: **3125 Lafayette Av.**

19. (a) **AUG 1 1939** (b) **J. J. Predeck**

2. USUAL RESIDENCE OF DECEASED:
(a) State: **MISSOURI** (b) County: _____
(c) City or town: **ST. LOUIS** [17]
(d) Street No.: **3214 HENRIETTA**
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: **July 31** day **July** month
year **1939** hour **10:17** minute **A.M.**
21. I hereby certify that I attended the deceased from **July 18** to **July 31**, 19**39**, and that death occurred on the date and hour stated above.

Immediate cause of death: **Pericarditis, Myocardial Infarction, Paralysis**
Duration: **5 weeks**
Due to: _____
Due to: _____
Other conditions: _____
Major findings: _____
Of operations: _____
Of autopsy: _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place)
(e) Means of injury: _____
23. Signature: **W. J. New** (M. D. or other)
Address: **1446 S. Grand** Date signed: **July 31, 1939**

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 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.....

working under my personal supervision.

Signed *John B. Sollman*

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.