DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 12 1940

Registration District No. 1791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41371

Primary Registration District No.

Registrar's No. 10494

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.

1. PLACE OF DEATH: 1003 1

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 mos. 22 days (Specify whether years, months or days)
In this community 61 yrs. 5 mos. 26 days

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St. Louis 19
(If outside city or town limits, write "RURAL")

(d) Street No. 3879 Delmar
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John R. Wade

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Mattie Wade

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased June 11, 1878
(Month) (Day) (Year)

8. AGE: Years 61 | Months 5 | Days 26 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Street Worker

11. Industry or business City of St. Louis

FATHER
12. Name Richard Charles Wade
13. Birthplace Unknown (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Sarah Ann Slibger
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Peter Todt
(b) Address 5700 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/39 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Jacob J. Goldmeier
(b) Address 4016 Chippewa St.

19. (a) DEC 7 1939 (Date received local registrar) (b) J. F. Buchek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7, year 1939 hour 4:05 minute a.m. M.

21. I hereby certify that I attended the deceased from Nov. 1, 1939 to Dec. 7, 1939; that I last saw him alive on Dec 7, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinomatosis- Primary right undetermined	
Due to 11-1-39x	
Due to Hypertensive Cardiac Vas. Disease 11-1-39x	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature N. J. Bulgis M.D. (M. D. or other)
Address 5400 Arsenal Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest W. Spillars

Licensed Embalmer No. 4080

P. O. Address 3528 Rusdel

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.