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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16622

State File No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4100

1. PLACE OF DEATH:

(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 Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 26 Days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

8. (a) PRINT FULL NAME Milton Wand 530  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 493-09-9159

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Vernell Wand 6. (c) Age of husband or wife if alive 34 years  
7. Birth date of deceased 12 17 1907  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
32 4 19 hr. min.

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

10. Usual occupation Bricklayer

11. Industry or business Not employed past three years

MOTHER FATHER { 12. Name John H. Wand  
13. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Frances M. Mellinger  
15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Vernell R. Wand  
(b) Address 4983 Parker  
17. (a) Burial (b) Date thereof 5-8-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Truth Center Mortuary  
(b) Address 4024 Lindell Boulevard

19. (a) MAY 7 1940 (b) J. J. Braddock  
(Date received in local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 16  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4100 A Juniata Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6  
year 1940 hour 8:00 minute A. M.  
21. I hereby certify that I attended the deceased from April  
10, 1940, to May 6, 1940;  
that I last saw him alive on May 6, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Hypertension  
Due to Arteriosclerotic Hypertension  
treatment for syphilis  
Due to at Thompson DeSloge  
Hospital clinic  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 34  
Of operations \_\_\_\_\_  
Of autopsy No Post

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. J. Braddock (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Date signed 5/6/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Ketter*

Licensed Embalmer No. 3880

P. O. Address \_\_\_\_\_

**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.**