

FILED

SEP 11 1943 318

Registration District No. _____ Primary Registration District No. 1003

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Mo. 10 Days
(Specify whether
 In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 912 Angelrodt St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Ella Wade
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 29,
 year 1943 hour 4:40 minute P. M.
 21. I hereby certify that I attended the deceased from July
19, 1943 to August 29, 1943
 that I last saw her alive on August 29, 1943
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife John Wade
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: June 18, 1863
(Month) (Day) (Year)

Immediate cause of death: pulmonary embolism
 Due to thrombophlebitis of the right saphenous vein
 Due to varicose ulcer
 Other conditions arteriosclerotic heart disease
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
80 2 11 hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation At home

Major findings:
 Of operations _____
 Of autopsy as above
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER { 12. Name William Shepard
 13. Birthplace Unknown, Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Arvillia McKee
 15. Birthplace Unknown, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John Wade
 (b) Address 912 Angelrodt St.
 17. (a) Burial (b) Date thereof 9/2/43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Friedens Cemetery
 18. (a) Signature of funeral director Math Hermann & Son
 (b) Address 2161 East Fair Ave
 19. (a) AUG 31 1943 (b) J. J. Brebeck
(Date received local registrar) (Registrar's signature)

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 Russell W. Blanchard
 Address 1515 Lafayette Avenue Date 9/30/43

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..... *W. Ford G. Burnley*

Licensed Embalmer No..... *4202*

P. O. Address..... *St. Louis Mo*

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, fact should be so stated above.