S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
Bureau of the Census

FILED JAN 31 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4519

Registration District No. 317 | Primary Registration District No. 3063 | Registrar's No. 207

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Wayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: D.O.A St. Louis Co. Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis
(c) City or town: Wellston
(If outside city or town limits, write "RURAL")
(d) Street No.: 6211 Ella Ave.
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____ 1

3. (a) PRINT FULL NAME: Marvin Wade.
3. (b) If veteran, name war: World war
3. (c) Social Security No.: ?
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Fanny Lee Wade
6. (c) Age of husband or wife if alive: 42 years
7. Birth date of deceased: March 10, 1896. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
47	10	13	____ hr. ____ min.

9. Birthplace: Benton, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Buss Driver for
11. Industry or business: Public Service Co.
FATHER 12. Name: Chapman W. Wade
FATHER 13. Birthplace: unknown Missouri 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Lula Mae Perry
MOTHER 15. Birthplace: unknown Illinois 1 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Betty Finley
(b) Address: 1532 Wellston Place.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 26/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cem.
18. (a) Signature of funeral director: Jos. W. Clark
(b) Address: 1125 Hodiamont Ave.
19. (a) JAN 26 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 23 year: 1944 hour: 6.35 minute: P.M. M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: From injuries received while riding as a passenger in a Public Service Co. bus which
Due to: was struck by Wabash train #1.
Due to: Extensive burns.
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: None
Of autopsy: No.

Duration

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): Accident.
(b) Date of occurrence: January 23, 1944
(c) Where did injury occur? Bizel Av. & Wabash trks. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place. (Specify type of place)
While at work ____ (e) Means of injury: ?
23. Signature: H. S. Meyrode Dep. Coroner (M. D. or other)
Address: Kirkwood, Mo. Date signed: 1-25-44

(Licensed Embalmer's Statement on Reverse Side)

APR 24 1944

Bodp

APR 18 1944

AUG 7 1944

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 Jos. W. Clark

Licensed Embalmer No. 1661

(No Embalmin g)

P. O. Address 1125 Hodiemont Ave.,

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.