

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(c) Name of hospital or institution: HOMER C. PHILLIPS HOSPITAL  
(d) Length of stay: In hospital or institution 13 hrs.  
In this community YES

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County ST. LOUIS  
(c) City or town ST. LOUIS 000  
(d) Street No. 4007 COOK  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: GEORGE WADE  
(b) If veteran, name war NONE  
(c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 9th day April year 1945 hour 7: minute 10 P. M.

4. Sex MALE  
5. Color or race BRN.  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife: MINNIE WADE  
7. Birth date of deceased: 5-1-1894

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years 60- Months 11 Days 9 If less than one day 12 hr. min.

Immediate cause of death: *Bedema of Bronchitis*  
*Cardiac Hypertrophy*  
*Due to Congenital Cystic Kidney*

9. Birthplace: WADESBURGH VA. NO 1

Other conditions: (Include pregnancy within 3 months of death)

10. Usual occupation: LABOR

Major findings: Of operations

11. Industry or business: NONE

Of autopsy

12. Name: UNKNOWN

22. If death was due to external causes, fill in the following:

13. Birthplace: UNKNOWN

(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? \_\_\_\_\_

14. Maiden name: UNKNOWN

While at work? \_\_\_\_\_

15. Birthplace: UNKNOWN

23. Signature: *Arthur E. Fisher* (M. D. or other) \_\_\_\_\_  
Address: \_\_\_\_\_ Date signed: 4/11/45

16. (a) Informant: Mrs. Alice Pace  
(b) Address: 4007 COOK

17. (a) Place: BURIAL (b) Date thereof: 4-14-45

18. (a) Signature of funeral director: *Allen S. Cartwright*  
(b) Address: 4204 N. FINNEY  
19. (a) APR 11 1945 (b) *J. F. Braddock*

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

MOTHER FATHER

20  
17  
9

**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.....

*my self*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *[Signature]*.....

Licensed Embalmer No. *2264*.....

P. O. Address *2872, Palmer, Ga.*.....

**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.