S. No. 2
DM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22703

FILED JUL 20 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5937

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ? (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4328a Warne Ave. 9
(If rural, give location)

(e) Citizen of foreign country? No 6 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Wakefield, Alice

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Reuben Wakefield

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

7. Birth date of deceased June 26, 1880.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	0	8	hr. min.

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name William Wendler
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant ~~Mrsx~~ Oliver H. Wendler
(b) Address Barline, Ark.

17. (a) Burial (b) Date thereof July 9, 1945.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) JUL 9 1945 J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th
year 1945 hour 11 minute 30P. M.

21. I hereby certify that I attended the deceased from August 18th, 1944, to July 4th, 1945;
that I last saw her alive on July 4th, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	
Due to: Hypertensive C-V disease and arteriosclerosis	uncertain
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93d

Major findings:
Of operations
Of autopsy Same as above

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 M. Ohmoto (M. D. or other) MD
Address 1325 So. Grand Date signed 7/5/45

(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 John A. Mlenon

Licensed Embalmer No. 4186

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.