

FILED NOV 10 1945

1003

9343

Registration District No. 318

Primary Registration District No.

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:  
4054 Toenges Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
in this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4054 Toenges Ave  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Fred R. Wardle

3. (b) If veteran, name war \*\*\*\*\* 3. (c) Social Security No. \*\*\*\*\*

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hildegard Wardle 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased September 14 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 1 13 .....hr. ....min.

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

10. Usual occupation Retired Police Sergeant

11. Industry or business St. Louis Police Department

MOTHER FATHER { 12. Name John Wardle  
13. Birthplace England 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Hanna Watson  
15. Birthplace England 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Hildegard Wardle  
(b) Address 4054 Toenges Ave

17. (a) Burial (b) Date thereof October 30 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Ziezenhen Bros  
(b) Address 5109 Gravois Ave

19. (a) OCT 29 1945 (b) G. F. Braddock  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27th day October  
year 1945 hour 2:35 minute P. M.

21. I hereby certify that I attended the deceased from Sept 15 1945 to Oct 27 1945;  
that I last saw h. / m. alive on Sat. Oct 27 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Esoph. - CE Duration 5  
and Carcinoma of Sigmoid 15 1/2  
Primary in Oesophagus

Due to TOXEMIA

Due to H/O

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

Major findings: Of operations.....

Of autopsy.....

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 Dr. Louis M. FELDMAN (M.D. or other) DP  
Address 4466 Delmar Date signed Oct 29 1945

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

4-8

Dr. J. Johnson  
4768 DeLamar  
Mar. Embalming  
10am to 5pm  
Ro- 4386

**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 *Norman Lutz*.....

Licensed Embalmer No. *3882*.....

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, fact should be so stated above.**