

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. **38644**
Registrar's No. **2702**

FILED DEC 1 1945

Registration District No. **317**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:
Hilltop Drive
(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 St Louis **96**

(c) City or town Sappington **0**
(If outside city or town limits, write "RURAL")

(d) Street No. Hilltop Drive **0**
(If rural, give location) **0**

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Isaac Franklin Wade

3. (b) If veteran, name war X

3. (c) Social Security No. 348-07-8183

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24th
year 1945 hour 11 minute 11:45 PM

4. Sex male **0** 5. Color or race white

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

6. (b) Name of husband or wife Ida Mae Wade

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

7. Birth date of deceased March 17, 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9/5/45
1945, to 11/16, 1945
that I last saw him alive on 11-6, 1945
and that death occurred on the date and hour stated above.

| | | | | |
|---------|-----------|----------|----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>66</u> | <u>8</u> | <u>7</u> | hr. _____ min. _____ |

Immediate cause of death _____
Lymphosarcoma (abdominal)

Due to _____

Due to _____

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

9. Birthplace Henderson County Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation retired

Major findings: Lymphosarcoma (abdominal)

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business _____

12. Name Smith Wade

13. Birthplace Illinois /
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Landis

15. Birthplace Illinois /
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Harrel M Creasy

(b) Address Hilltop Drive Sappington MO

17. (a) burial (b) Date thereof 11/27/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macomb, Illinois

(Specify type of place), _____
While at work? _____ (c) Means of injury 0

23. Signature nonovich (M. D. or other) MD
Date signed 11-25

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) 11-28-45 (b) 625 N. Laramie
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

76
5
11-28-45

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 7027 Gravois

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.