. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 15 1947

Registration District No. 317

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 23029

Registrar's No. 1487

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 7/5/47 (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 81
(c) City or town St. James 0
(If outside city or town limits, write "RURAL")
(d) Street No. State Federal Soldiers' Home 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME WINGBLADE, Charles J.
3. (b) If veteran, name war Spanish-American
3. (c) Social Security No. None
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 3, 1869 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 78 | 2 | 4 | hr. min. |

9. Birthplace Rochester, New York 1
(City, town, or county) (State or foreign country)
10. Usual occupation ~~John Wingb~~ None
11. Industry or business
FATHER
12. Name John Wingblade 15
13. Birthplace Sweden 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Margaret Walkup
15. Birthplace Pennsylvania 1
(City, town, or county) (State or foreign country)
16. (a) Informant Registrar, Vet. Adm. Hospital
(b) Address Jefferson Barracks, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill
18. (a) Signature of funeral director Drehmann-Harral Und.
(b) Address 1905 Union, St. Louis, Missouri
19. (a) 7-11-47 (Date received local registrar) (b) Cecil J. Sharp MD MSC (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1947 hour 10:40 minute P M.
21. I hereby certify that I attended the deceased from July 5, 1947, 19, to July 5, 1947 19;
that I last saw him alive on July 5, 1947 19;
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| ARTERIOSCLEROTIC HEART DISEASE | |
| Due to | |
| Due to | |
| Other conditions ACUTE PULMONARY EDEMA (Include pregnancy within 3 months of death) | |

Major findings: Of operations None
Of autopsy Autopsy performed (See Cause of Death)

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 0
23. Signature L. E. Stilwell (M. D. ~~or other~~)
Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 7/7/47

Jefferson City Printing Co. (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.....

Licensed Embalmer No.....

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.**