FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31507

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 8353

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: 4132a Peck St. (If not in hospital or institution, write street number or location)

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

In this community: 56 years

2. USUAL RESIDENCE OF DEACESED:

(a) State: Missouri (b) County:

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

(d) Street No.: 4132a Peck St. (If rural, give location)

(e) Citizen of foreign country: No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Mrs. Lillie Wade

3. (b) If veteran, name war: none

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: late David H. Wade

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

7. Birth date of deceased: May 7th. 1867 (Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 15 If less than one day hr. min.

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

10. Usual occupation: none

11. Industry or business:

MOTHER FATHER

12. Name: Robert Bailey

13. Birthplace: Kentucky (City, town, or county) (State or foreign country)

14. Maiden name: Ellen Peden

15. Birthplace: Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Robert Wade

(b) Address: 4132a Peck St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-25-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Bethany Cemetery

18. (a) Signature of funeral director: Hy. Leidner U. Co.

(b) Address: 2223 St. Louis Ave.

19. (a) SEP 24 1948 (Date received local registrar) (b) J. F. Bruneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22nd. year 1948 hour 4:00 PM. minute M.

21. I hereby certify that I attended the deceased from 9/20, 1948 to 9/22, 1948 that I last saw her alive on 9/22, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	1/2 hour
Due to: Arteriosclerosis	Indefinite
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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):

(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: Joseph F. Tuys (M. D. or other) M.D.

Address: 508 N. Grand Blvd. Date signed 9/23/48.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 J. Allen Davis Jr

Licensed Embalmer No. 405-3

P. O. Address 2223 St. Louis Av

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.