

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

FILED SEP 14 1949

STANDARD CERTIFICATE OF DEATH

State File No. **28651**
7678

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE 7237 Rule b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood Mo.				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Paul Hospital				d. STREET ADDRESS (If rural, give location) NR - 7237 Rule Ave				
3. NAME OF DECEASED (Type or Print) a. (First) Orange			b. (Middle) J.		c. (Last) Wakefield		4. DATE OF DEATH (Month) (Day) (Year) 9 - 4 - 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 9, 1883		9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 4 Days 25	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Automobile		11. BIRTHPLACE (State or foreign country) Otterville Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Orinotus Wakefield			13b. MOTHER'S MAIDEN NAME Margaret Schumacher		14. NAME OF HUSBAND OR WIFE Edna Mayfield			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John H. Mancke 7240 Rulden				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 8/10 9/4/49
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				DUE TO (b) Myocarditis				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Asthma				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 11 Mo				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4:30 P				
22. I hereby certify that I attended the deceased from 8/1 , 19 49 , to 9/4 , 19 49 , that I last saw the deceased alive on 8/13 , 19 49 , and that death occurred at 4 Am. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) J. J. Nugan M.D.				23b. ADDRESS 2816 Sutters		23c. DATE SIGNED 9/4/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Sept 6, 1949		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) 7600 St. Charles Rock Rd Mo		
DATE REC'D BY LOCAL REG. SEP 6 1949		REGISTRAR'S SIGNATURE J. B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bull-Campbell Mortuary 4215 Lindell				

OCT 1 1950

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Rex C. Campbell

Licensed Embalmer No. 3881

P. O. Address St Louis, Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.