S. No. 300
v. 10.48

FILED MAY 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19005

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1204

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Le May
c. LENGTH OF STAY (In this place): Unk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 604 Landeau Court

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LeMay
d. STREET ADDRESS (If rural, give location): 604 Landeau Court

4870
0

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): Evelyn
c. (Last): Wakefield

4. DATE OF DEATH (Month) (Day) (Year): 5-9-50

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2

8. DATE OF BIRTH: Jan. 26, 1863

9. AGE (In years last birthday): 87 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): De Soto, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Armstrong

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Fredrick Wakefield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): Nil

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: FREDRICK WAKEFIELD
ADDRESS: 604 LANDEAU

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteria Sclerosis — 5-10 yrs.
DUE TO (c) Hypertension - Nephritis — 5-yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 420.1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 420.1

20. AUTOPSY? YES ☐ NO ☑

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1944, *to* 5-9, 1950, *that I last saw the deceased alive on* 5-8, 1950, *and that death occurred at* 2-20 *m., from the causes and on the date stated above.*

23a. SIGNATURE: A. R. Bremser (Degree or title): M. D.

23b. ADDRESS: 4266 Manchester

23c. DATE SIGNED: 5-10-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 5-12-50

24c. NAME OF CEMETERY OR CREMATORY: Festus Methodist Cem.

24d. LOCATION (City, town, or county) (State): Festus, Missouri

DATE REC'D BY LOCAL REG.: MAY 10 1950

REGISTRAR'S SIGNATURE: Herbert R. Moeller, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE: Vinyard, Festus, Missouri
ADDRESS: Ington

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Elmer B. Cadwell

Signed.....
Student Embalmer

Licensed Embalmer No. 4071

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.