

FILED JUL 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25557

BIRTH NO. _____		REG. DIST. NO. 1317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 1800	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Clinton			
b. CITY (If outside corporate limits, write RURAL and give township) Berkley City		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Breese		8130	
d. FULL NAME OF HOSPITAL OR INSTITUTION Edgewood Retreat				d. STREET ADDRESS (If rural, give location) 8			
3. NAME OF DECEASED (Type or Print) a. (First) Dwight b. (Middle) H c. (Last) Wade			4. DATE OF DEATH July 23, 1950 (Month) (Day) (Year)				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 12 1908		9. AGE (In years last birthday) 42	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Centralia, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Fred Wade		13b. MOTHER'S MAIDEN NAME Pearl Bailey		14. NAME OF HUSBAND OR WIFE Clara Wade			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Nil	17. INFORMANT'S SIGNATURE OR NAME Unknown	17. ADDRESS Clara Wade - Breese, Illinois			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchiogenic Carcinoma</i>						INTERVAL BETWEEN ONSET AND DEATH 6 months	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
DUE TO (b) _____							
DUE TO (c) _____						1102X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Central Nervous System Syphilis</i>						5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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?			
22. I hereby certify that I attended the deceased from <i>March, 1950</i> , to <i>July 23, 1950</i> , that I last saw the deceased alive on <i>July 22, 1950</i> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Walter W. Davis, MD</i> (Degree or title)				23b. ADDRESS <i>539 N Grand Ave.</i>		23c. DATE SIGNED <i>7/24/50</i>	
24a. BURIAL, CREMATION, REMOVAL <i>Removal</i>		24b. DATE <i>7-23-50</i>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <i>Breese, Illinois</i>		
DATE REC'D BY LOCAL REG. <i>7-25-50</i>		REGISTRAR'S SIGNATURE <i>Hubert L. Slonek, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Albert H. Honne - 4700 Washington Blvd</i>			

SEP 13 1956

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

*Robert M Murray*

Signed.....

Student Embalmer

Licensed Embalmer No. 3749

P. O. Address. St. Louis, Mo

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.