

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39139**  
**9368**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis.</b>		
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <b>4844 Calvin Ave.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>		e. CITY (If outside corporate limits, write RURAL and give township) <b>2079</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles.</b>		b. (Middle) <b>E.</b>		c. (Last) <b>Wadsack</b>
4. DATE OF DEATH (Month) <b>11</b> (Day) <b>2</b> (Year) <b>50</b>		5. SEX <b>male.</b>		
6. COLOR OR RACE <b>white.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Jan. 19-1887.</b>
9. AGE (In years last birthday) <b>63.</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired City Fireman</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis Missouri</b>
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <b>Louis Wadsack.</b>		
13b. MOTHER'S MAIDEN NAME <b>Lena Gross</b>		14. NAME OF HUSBAND OR WIFE <b>Viola Wadsack</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Viola Wadsack</b> ADDRESS <b>4844 Calvin Ave.</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Liquidat wound of skull and brain self inflicted on part aimed at increase</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Part at Birch Ave and</b> DUE TO (a) <b>Lucas Highway on Nov 1, 1950 at about 528 pm</b> II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Suicide</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, armory, factory, street, office bldg., etc.) <b>Part</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>St. Louis</b> (COUNTY) <b>Mo</b> (STATE) <b>1</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov 1 50 5:25 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>6976X</b>
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>11:57</b> m., from the causes and on the date stated above.				
23a. SIGNATURE <b>W. P. Barrett</b> (Degree or title) _____		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>11/4/50</b>
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-6-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Zions Cemetery.</b>
24d. LOCATION (City, town, or county) <b>St. Louis County Mo</b> (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <b>Leidner U.</b> ADDRESS <b>2223 St. Louis Ave.</b>		
DATE REC'D BY LOCAL REG. <b>NOV 4 1950</b>		REGISTRAR'S SIGNATURE <b>L. P. Barrett</b>		

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John P. Buchholz  
Licensed Embalmer No. 1674  
P. O. Address 2223 St. Louis A

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.