S. No. 300
Rev. 10.48

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

FILED MAR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10765

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2252

1. PLACE OF DEATH
a. COUNTY: S
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jewish Hospt.

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): 17 Lucas Hunt Village 4171
d. STREET ADDRESS (If rural, give location): 5318 B Englewood Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): De Forest
c. (Last): Wead

4. DATE OF DEATH (Month) (Day) (Year): 3 — 8 — 51

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 6 - 1883
9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months 9 Days 2
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Newspaper
11. BIRTHPLACE (State or foreign country): Alton.
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Jacob Wead
13b. MOTHER'S MAIDEN NAME: Theodosia Dimmock
14. NAME OF ~~HUSBAND~~ OR WIFE: Bertie Wead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Tilton Wead Rodgers
ADDRESS

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Encephalitis? in childhood

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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? 32 1X

22. *I hereby certify that I attended the deceased from* 1-15, 1946, *to* 3-8-, 1951, *that I last saw the deceased alive on* 3-8-, 1951, *and that death occurred at* 7 45 m., *from the causes and on the date stated above.*

23a. SIGNATURE Albert Kaplan MD (Degree or title)
23b. ADDRESS 607 N. Grand St. Louis
23c. DATE SIGNED 3-9-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-10-51
24c. NAME OF CEMETERY OR CREMATORY: Alton City
24d. LOCATION (City, town, or county) (State): Alton Ill.

DATE REC'D BY LOCAL REG. MAR 10 1951
REGISTRAR'S SIGNATURE: J. B. Fuester
25. FUNERAL DIRECTOR'S SIGNATURE: Marson Lemm
ADDRESS: Alton Ill.

(Licensed Embalmer's Statement on Reverse Side)

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 Larson Lewis

Licensed Embalmer No. 5796

P. O. Address Alton Ill

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.