

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36963

State File No. _____

FILED OCT 21 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9242**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN Saint Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital		d. STREET ADDRESS (If rural, give location) 12 4717^A Newberry Terrace	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) W. c. (Last) Wadlington			4. DATE OF DEATH (Month) (Day) (Year) October 6, 1952		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 10, 1882		9. AGE (In years last birthday) 70		10. MONTHS 0 DAYS 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Checker		10b. KIND OF BUSINESS OR INDUSTRY Landoll Towell Supply		11. BIRTHPLACE (City and State or Foreign Country) Kentucky	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME William Wadlington		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Pearl Wadlington	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If you, give war or dates of service) 339-03-0171		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pearl Wadlington - 4717^A Newberry	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal Carcinomatosis				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prob carcinoma of stomach DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio. Sclerosis Aneurism					

19a. DATE OF OPERATION 10/2/52		19b. MAJOR FINDINGS OF OPERATION abd. Paracentesis - bloody fluid.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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? 151X	

22. I hereby certify that I attended the deceased from **July 24, 1952**, to **Oct 6, 1952**, that I last saw the deceased alive on **Oct 5, 1952**, and that death occurred at **4:30 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) O. K. Reinschmid M.D.		23b. ADDRESS 508 N. Grand Ave		23c. DATE SIGNED 10/8/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/10/52		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
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DATE REC'D BY LOCAL REG. OCT 9 1952		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Atkins Bros. Und. Co. 3644 Finney	
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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 K. Cunningham

Licensed Embalmer No. *4496*

P. O. Address *4223 Enright*

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.