

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **31449**

FILED SEP 21 1953

BIRTH NO. _____		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 161	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Warren			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Charrette 1090			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				d. STREET ADDRESS (If rural, give location) 3 miles East, Marthasville			
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Franklin c. (Last) Wakeland				4. DATE OF DEATH (Month) (Day) (Year) Sept. 14, 1953			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 27, 1889	
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		11. BIRTHPLACE (City and State or Foreign Country) Logansport, Indiana		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME James Wakeland		13b. MOTHER'S MAIDEN NAME Sarah Stout		14. NAME OF HUSBAND OR WIFE Pauline Wakeland			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 496-18-0122		17. INFORMANT'S SIGNATURE, OR NAME Robert E. Wakeland		ADDRESS 3047 Fair St. Louis, 15. Mo.	
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) acute nephritis with convuls INTERVAL BETWEEN ONSET AND DEATH 3 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. gastric ulcer (bleeding) 10 yrs			
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) m.		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 Sept 13, 1953 , to Sept 14, 1953 , that I last saw the deceased alive on Sept 14, 1953 , and that death occurred at 9 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE M. Schenck (Degree or title) MD				23b. ADDRESS Marthasville Mo		23c. DATE SIGNED 9-16-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/18/53		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery		24d. LOCATION (City, town, or county) (State) Pattonville, Missouri	
DATE REC'D BY LOCAL REG. 9/17/53		REGISTRAR'S SIGNATURE F. J. Sudman		25. FUNERAL DIRECTOR'S SIGNATURE Edmund F. Schenck		ADDRESS Marthasville, Mo.	

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Robert H. Zuckert

Licensed Embalmer No. 4318

P. O. Address Marthasville, 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.