

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36085**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8386**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		e. STREET ADDRESS (If rural, give location) 2450 Benton St.	
3. NAME OF DECEASED a. (First) Tolman b. (Middle) T. c. (Last) Wadlow			4. DATE OF DEATH (Month) (Day) (Year) Sept. 12 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 31, 1899
9. AGE (In years last birthday) 55		10. KIND OF BUSINESS OR INDUSTRY Banking	11. BIRTHPLACE (City and State or Foreign Country) Ellington, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teller		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME John Wadlow		13b. MOTHER'S MAIDEN NAME Sally Chitwood	14. NAME OF HUSBAND OR WIFE Clara Wadlow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 341-12-4760	17. INFORMANT'S SIGNATURE OR NAME Clara Wadlow 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH 36 hours 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.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201	
22. I hereby certify that I attended the deceased from 3-19, 1954 , to 9-12, 1954 , that I last saw the deceased alive on 9-11, 1954 , and that death occurred at 7:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. Norman Orzel M.D.		23b. ADDRESS 508 North Grand Ave	23c. DATE SIGNED 9/13/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 15-54	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery	24d. LOCATION (City, town, or county) (State) Edwardsville Illinois
DATE REC'D BY LOCAL REG. SEP 13 1954	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Leonard P. Davis ADDRESS Granite City, Ill.	

B.P. (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.....
Signature of Student Embalmer

Signed *Leonard R. Davis*.....

Licensed Embalmer No. *1119*..-

P. O. Address *Granite City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.