

No. 300  
10-48

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42734**  
Registrar's No. **11144**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY _____                           |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE <b>Illinois</b> b. COUNTY <b>Madison</b> |  |
| b. CITY OR TOWN <b>St. Louis, Mo.</b>                          | c. LENGTH OF STAY (in this place) _____ | c. CITY OR TOWN <b>oster Township</b>   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b> |   | e. STREET ADDRESS (If rural, give location) <b>R. R. # 1</b>  |  |

|  |                               |  |   |  |   |
|--|-------------------------------|--|---|--|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Martha</b> b. (Middle) <b>NMN</b> c. (Last) <b>Wade</b> |                               |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Dec. 17, 1955</b>             |  |   |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> | 8. DATE OF BIRTH <b>Oct. 16, 1883</b>                                     | 9. AGE (In years last birthday) <b>72</b>  | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>                     | 11. BIRTHPLACE (City and State or Foreign Country) <b>Alton, Illinois</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |   |

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME <b>Andrew Von Bergen</b> | 13b. MOTHER'S MAIDEN NAME <b>Sophia Schleuter</b> | 14. NAME OF HUSBAND OR WIFE <b>Frank Wade</b> |
|---|---|---|

|  |                                     |   |               |
|--|-------------------------------------|---|---------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b> | 16. SOCIAL SECURITY NO. <b>Nil.</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Oscar VonBergen, Alton, Ill.</b> | ADDRESS _____ |
|--|-------------------------------------|---|---------------|

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|--|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH <b>3-4 Weeks</b> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Laryngeal obstruction due to edema</b>  |  |   |
|  | ANTECEDENT CAUSES<br><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i><br>DUE TO (b) <b>Carcinoma of Larynx</b><br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i>   |   |  |   |

|                              |  |  |
|------------------------------|--|--|
| 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., to 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? _____                      |

22. I hereby certify that I attended the deceased from June 28, 1955, to Dec. 15, 1955, that I last saw the deceased alive on Dec. 15, 1955, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

|  |                                     |                                  |
|--|-------------------------------------|----------------------------------|
| 23a. SIGNATURE <b>R Bradley</b> (Degree or title) <b>M. D.</b> | 23b. ADDRESS <b>BARNES HOSPITAL</b> | 23c. DATE SIGNED <b>12/18/55</b> |
|--|-------------------------------------|----------------------------------|

|  |                           |  |  |
|--|---------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b> | 24b. DATE <b>12-19-55</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Upper Alton Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Alton, Illinois</b> |
|--|---------------------------|--|--|

|   |   |   |               |
|---|---|---|---------------|
| DATE REC'D BY LOCAL REG. <b>DEC 20 1955</b> | REGISTRAR'S SIGNATURE <b>Charles Smith M.D.</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Smith Fun. Homes, Alton, Illinois</b> | ADDRESS _____ |
|---|---|---|---------------|

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

(Licensed Embalmer's Statement on Reverse Side)

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**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.....  
Licensed Embalmer No.....  
P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.-(Falsely 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.