

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 23 1958

3742

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **587**

1. PLACE OF DEATH a. COUNTY St. Louis Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 34 St Mary Infirmary		d. STREET ADDRESS (If outside, give location) 4307 Labadie Ave	
3. NAME OF DECEASED (Type or print) First George Middle W. Last Wade		4. DATE OF DEATH Month January Day 13 Year 1958	
5. SEX Male	6. COLOR OR RACE Col	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 15. January 1869 89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Atty		11. BIRTHPLACE (City and state or country) Jackson Missouri	
13. FATHER'S NAME George Wade		14. MOTHER'S MAIDEN NAME Minnie Mc Marzuner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. ---	
17. INFORMANT Mrs Minnie Gray		Address 3021 Walton Pl	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio-sclerotic Heart Disease - 6 mos Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arterio-sclerosis - 6 mos DUE TO (c) Chronic Nephritis - 6 mos			INTERVAL BETWEEN ONSET AND DEATH 592x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour p. m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased Jan-2-58 , to Jan 13/58 and last saw him alive on 1-13-58 Death occurred at 11:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A E Hale M.D. (Degree or title)		22b. ADDRESS 822 N. Jefferson	22c. DATE SIGNED 1/16/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/18/58	23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County Mo
24. FUNERAL DIRECTOR Herman J. Smith ADDRESS 4247 W Labadie		25. DATE RECD. BY LOCAL REG. JAN 17 1958	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.

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 *W. Claude Gardner*.....

Licensed Embalmer No. *34*.....

P. O. Address *4575 Al*.....

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