

DED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis Mo</i>		a. STATE <i>Mo.</i>	b. COUNTY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Community Hos.</i>		c. CITY OR TOWN <i>ST. Louis, MO</i>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
Length of stay in 1b		d. STREET ADDRESS <i>3964 Finney</i>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
<i>Willie Wakefield</i>			<i>8-8-60</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>5-7-1909</i>	9. AGE (last birthday) <i>52</i>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Welding</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City, and state or country) <i>Coverington, Tenn.</i>	12. CITIZEN OF WHAT COUNTRY <i>U. S. A</i>	
13a. FATHER'S NAME <i>Alston Wakefield</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Lelo Wakefield</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>500-302982</i>	17. INFORMANT Address <i>Lelo Wakefield 3964 Finney</i>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>UREMIA (RENAL FAILURE)</i>		<i>2 wks.</i>
DUE TO (b) <i>MALIGNANT HYPERTENSION</i>		<i>UNKNOWN</i>
DUE TO (c) <i>445x</i>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>SECONDARY ANEMIA (RENAL IN ORIGIN)</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from *July 25, 1960* to *Aug. 8, 1960* and last saw him ^{her} alive on *Aug. 7, 1960*
 Death occurred at *5:00* ^a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Chas. P. Fards, M.D.</i> (Degree or title)	22b. ADDRESS <i>2801 N. Taylor</i>	22c. DATE SIGNED <i>8/10-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>8-15-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo</i>
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24. FUNERAL DIRECTOR ADDRESS <i>Nor-side Mortuary 2410 N. Grand</i>	25. DATE RECD. BY LOCAL REG. <i>AUG 10 1960</i>	26. REGISTRAR'S SIGNATURE <i>Roam Smith, M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Leroy W. Gunn

Licensed Embalmer No. 45

P. O. Address AR 5

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