N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D MAR 14 1938

4560
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 1205
(c) City St. Louis, Missouri (d) Street No. ..... BARNES HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred Wakefield 214
(a) Residence, No. ..... St. NR Crystal City Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 9, 1895
7. AGE: YEARS 42 MONTHS 2 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Jan 26, 1938
11. Total time (years) spent in this occupation 15yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crystal City Missouri

FATHER
13. NAME Frederick Wakefield
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Eva Armstrong
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson County Missouri.

17. INFORMANT (ADDRESS) Mrs. Eva Wakefield Crystal City, Missouri.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Festus, Missouri DATE Feb 4, 1938
19. FUNERAL DIRECTOR (ADDRESS) Albert H. Hoppe Inc 428 North Euclid
20. FILED FEB 1 1938, 19 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 31st, 1938
22. I HEREBY CERTIFY, That I attended deceased from 1 - 27 -, 1938, to 1 - 31 -, 1938
I last saw him alive on 1 - 31 -, 1938. Death is said to have occurred on the date stated above, at 1045 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
PITUITARY ADENOMA, Benign	2 yrs.

Other contributory causes of importance: HAEMORRHAGE

Name of operation CRANIOTOMY Date of 1.29.38
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Emmett B Drescher, M. D.
(Address) BARNES HOSPITAL

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2222

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)