

NOV 25 1938

REC'D DEC 8 1938

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

40395
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Valley Park, Mo. Primary Registration District No. 116
(c) City Valley Park, Mo. (d) Street No. _____ Registered No. 1926
(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 Charles Wakeham

(a) Residence, No. Meremac & Marshall St. Valley Park, 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jessie Wakeham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 11, 1851</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>11</u>
	DAYS <u>12</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Nil</u>	
	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)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pittsburg Penn.</u>		
FATHER	13. NAME <u>John E. Wakeham</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
MOTHER	15. MAIDEN NAME <u>Eliza Davis</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pittsburg Penn.</u>	
17. INFORMANT <u>Dr. Clara Gebert</u> (ADDRESS) <u>Valley Park, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Belle fontaine</u> DATE <u>11/26/38</u>		
19. FUNERAL DIRECTOR <u>Edith E. Ambruster</u> (ADDRESS) <u>4234 Manchester</u>		
20. FILED <u>NOV 25 1938</u> <u>Meyer M. D. P.</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/23/38 . 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1938, to Nov. 22, 1938
I last saw him alive on Nov. 22, 1938. Death is said to have occurred on the date stated above, at 11:38 P.M.
The principal cause of death and related causes of importance were as follows:

Prostate Infection

Other contributory causes of importance: Arteriosclerosis

Name of operation _____ Date of _____
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 _____, 1938
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) G. P. Hubbard, M. D.
(Address) Valley Park Mo

Date of onset

1 X12084

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.

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck, Licensed Embalmer No. 1284

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

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Florenz Eynck

Licensed Embalmer No. 1284

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.)