JAN 17 1939 REC'D FEB 7 1939

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

3850
Do not use this space.

1. PLACE OF DEATH
(a) County St Louis — Registration District No. 784
(b) Township — Primary Registration District No. 20 — Registered No. 94
(c) City Pine Lawn — (d) Street No. Tiernons 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 Annette Wakeland
(a) Residence, No. 8401 Ardsley Drive (Belnor) St.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Chas. Richard Wakeland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 9, 1871

7. AGE: YEARS 67 — MONTHS 3 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housework
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): Villa Ridge Illinois.

FATHER
13. NAME: Sam H. Graves
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alexander Co. Illinois.

MOTHER
15. MAIDEN NAME: Mary Catherine Liftlejohn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mason Co. Kentucky

17. INFORMANT (ADDRESS): Mrs. C. J. Higgins, 8401 ArdsleyDrive. (Belnor)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lakewood Park, DATE Jan. 18, 39

19. FUNERAL DIRECTOR (ADDRESS): Bensick Niehaus 1431 Union Blvd

20. FILED JAN 17 1939 — T. R. Meyer M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 15, 39, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/12/38, 19, to 1/15/39, 19
I last saw her alive on 1/15/39, 19 Death is said to have occurred on the date stated above, at 4:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Arteriosclerosis, generalized	13Yr.
Chr. myo carditis.	"
Chr. winter bronchitis, emphysema type.	"
Bronchial ectasis.	"
Chr. interstitial nephritis.	"

Other contributory causes of importance:

Inanition-Emaciation.	12/12/38
Chr. bronchial asthma.	"
Myocardial failure.	"

Name of operation None. Date of --
What test confirmed diagnosis? Clinical history and lab. Was there an autopsy? No.

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? No
If so, specify
(Signed) Dr. Luke B. Tiernon M.D., M. D.
(Address) 3718 Jennings, Rd.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X12004

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.....

Licensed Embalmer No.....

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.)