

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.

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Carsonville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
8507 Jane Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 10 Years

3. (a) PRINT FULL NAME Walter Wakefield
 3. (b) If veteran, name war
 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, divorced, Widowed

6. (b) Name of husband or wife Fannie Wakefield 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. 27 1876
(Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Nashville Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business W.P.A.

MOTHER FATHER
 12. Name Henry Wakefield
 13. Birthplace Nashville Tenn.
(City, town, or county) (State or foreign country)
 14. Maiden name Stella Swarts
 15. Birthplace Nashville Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elizabeth Wakefield
 (b) Address 8507 Jane Ave

17. (a) Burial (b) Date thereof 7-5-39
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Blumman Bros Inc
 (b) Address 2504 Woodson Rd - Overland Mo

19. (a) JUL - 5 1939 (b) DR. Myr...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Carsonville
(If outside city or town limits, write "RURAL")
 (d) Street No. 8507 Jane Avenue
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month JULY day 3 - 1939
 year 1939 hour 10 minute 30 PM M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic myocarditis
 Due to _____
 Due to 93C
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
 Means of injury 11
 23. Signature John O'Connell (M. D. or other)
 Address Sorener of St. Louis County, Mo.

Christina
Akara
Erin
George

NOV 19 1951

RECEIVED

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____
Licensed Embalmer No. _____

P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.