

OCT 27 1943

318

1003

State File No.

Registrar's No.

9187

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days
(Specify whether
In this community 39 Yrs.
years, months or days)

3. (a) PRINT FULL NAME Finley Clyde Wand

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased September 15 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 1 2 hr. _____ min.

9. Birthplace Morgantown Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Accountant

11. Industry or business Moss Tie Co.

MOTHER FATHER

12. Name William H. Wand

13. Birthplace Woodbury Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Sally Waddle

15. Birthplace Bowling Green Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Ellie W. Soreatt

(b) Address 322 Lexington Ky.

17. (a) Burial (b) Date thereof 10-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan town Ky.

18. (a) Signature of funeral director Alexander & Sons

(b) Address 1951 1/2 Maryland

19. (a) OCT 19 1943 (Date registered)

J. F. Braddock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5312 Maple (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17 year 1943 hour 7:30 minute A M.

21. I hereby certify that I attended the deceased from 1939 to Oct 17 1943
that I last saw h. un alive on Oct 16 and that death occurred on the date and hour stated above.

Immediate cause of death Prostatic prolapus Duration 4 days

Due to Carcinoma larynx 2 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

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) (e) Means of injury _____

23. Signature J. F. Braddock (M. D. or other) _____

Address 1951 1/2 Maryland Date signed 10-17-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2816

2816

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 Jose E. McCulloch

Licensed Embalmer No. 2468

P. O. Address 6175 Delmar

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, fact should be so stated above.