

FILED JAN 7 1948
Registration District No. _____

Primary Registration District No. **100**

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

1. PLACE OF DEATH:

(a) County Barnes Hosp.

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 days (Specify whether years, months or days)

In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4124 Cook (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eddie Spencer Wade

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

4. Sex M 5. Color or race Negro

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Daisy L. Wade 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased December 1, 1909
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>37</u>	<u>0</u>	<u>26</u>	hr. _____ min. <u>1</u>

9. Birthplace Lexington Miss. (City, town, or county) (State or foreign country)

10. Usual occupation pullman Porter

11. Industry or business _____

MOTHER FATHER { 12. Name William Wade

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

14. Maiden name Unknown

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Daisy L. Wade

(b) Address 4124a Cook Ave.

17. (a) Burial (b) Date thereof Dec. 31-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. F. Bredet

(b) Address 2631 J. F. Bredet

19. (a) DEC 30 1948 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27th
year 1946 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from December 3, 1946, to December 27, 1946
that I last saw him alive on December 27, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration 3 days

Due to perforated duodenal ulcer 3 days

Due to _____

Other conditions Laennec cirrhosis ?
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: Of operations _____

Of autopsy Perforated duodenal ulcer
Peritonitis - Laennec cirrhosis

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 0

23. Signature J. F. Bredet (M. D. or other) _____
Address Barnes Hospital Date signed 12-28-46

W. C. Gordon

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 *W. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4675 Aldine*

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.