

300  
0-47  
7-39  
3906

FILED AUG 12 1948

Registration District No. **318**

Primary Registration District No. **1003**

**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:  
St. John's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community.....  
in years, months or days)

**3: (a) PRINT FULL NAME.** ELIZABETH WADE

3. (b) If veteran, name war None

3. (c) Social Security No. ....

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Late William

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

7. Birth date of deceased Oct. 22 1860  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>87</u>	<u>9</u>	<u>11</u>	hr. .... min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

**MOTHER FATHER**

12. Name William Gartenbach

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

14. Maiden name Margaret Peters (Petisch)

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

16. (a) Informant Mrs. Ben Klene

(b) Address 2601 Clifton Ave.

17. (a) Entombment (b) Date thereof 8-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) AUG 5 1948 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County.....

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

(d) Street No. 2601 Clifton Ave.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. day 3  
year 1948 hour 6:30 minute..... P. M.

21. I hereby certify that I attended the deceased from July 46  
....., 19..... to Aug 3, 1948  
that I last saw him alive on 3 Aug  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Hypertensive arteriosclerosis  
Heart disease

Due to.....

Due to..... 9/6

Other conditions abdominal aneurysm  
(Include pregnancy within 3 months of death) aneurysm of Aorta

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. Bredeck (M. D. or other).....  
Address 2715 Clifton Date signed Aug 5

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

**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 Richard W. Stovesand

Licensed Embalmer No. 4007

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, fact should be so stated above.**