

FILED JUL 26 1954

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25376**
Registrar's No. **6167**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 25376		Registrar's No. 6167		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give town or township) ST. LOUIS		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION FIRMIA DOS LOBE Hosp. 19				STREET ADDRESS 4346 W. PINE		21990				
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) _____		c. (Last) WADE		4. DATE OF DEATH (Month) (Day) (Year) July 7 1954				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov 23 1882		9. AGE (In years last birthday) 71		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St Louis MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME JOHN M WADE			13b. MOTHER'S MAIDEN NAME LAURA FRANCIS			14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs John K. Huber			ADDRESS 9081 St. Louis Ave			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONE HO PNEUMONIA						INTERVAL BETWEEN ONSET AND DEATH 14 DAYS		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES						17 DAYS		
		MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) PERITONITIS								
		DUE TO (c) _____								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION JUNE 22 1954		19b. MAJOR FINDINGS OF OPERATION PERFORATED ULCER OF ILEUM; GENERAL PERITONITIS						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 578X						
22. I hereby certify that I attended the deceased from July 1 1954 , to July 7 1954 , that I last saw the deceased alive on July 7 1954 , and that death occurred at 2:00 m., from the causes and on the date stated above.										
23a. SIGNATURE William J. Sypatuck				23b. ADDRESS St. Louis, Missouri		23c. DATE SIGNED July 7, 1954				
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7/9/54		24c. NAME OF CEMETERY OR CREMATORY St. Peter's		24d. LOCATION (City, town, or county) (State) St Louis County				
DATE REC'D BY LOCAL REG. JUL 8 1954		REGISTRAR'S SIGNATURE Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE Sullivan's					
					ADDRESS 2849 N. Euclid					

WRITE PLAINLY—USING 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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert M. Murrian*.....

Licensed Embalmer No. *3749*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.