

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25648**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 546		Registrar's No. 1591					
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri				b. COUNTY St. Louis Co.			
b. CITY (If outside corporate limits, write RURAL and give township) Overland			c. LENGTH OF STAY (In this place) 8 yrs		c. CITY OR TOWN Overland		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: 9417 Cote Brilliante Ave.,				e. STREET ADDRESS (If rural, give location) 9417 Cote Brilliant Ave.,							
3. NAME OF DECEASED (Type or Print) CHARLES EVERETTE WADE JR.			a. (First)		b. (Middle)		c. (Last)				
4. DATE OF DEATH July 4, 1954		(Month) (Day) (Year)									
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 9, 1905		9. AGE (In years last birthday) Months Days Hours Min. 48			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed			10b. KIND OF BUSINESS OR INDUSTRY W.H.		11. BIRTHPLACE (City and State or Foreign Country) Dow, Illinois			12. CITIZEN OF WHAT COUNTRY? US			
13a. FATHER'S NAME Charles Wade Sr.			13b. MOTHER'S MAIDEN NAME Ada Austin			14. NAME OF HUSBAND OR WIFE Esther Wade					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-05-5701		17. INFORMANT'S SIGNATURE OR NAME Esther Wade, 9417 Cote Brilliant Ave.					ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of the liver				INTERVAL BETWEEN ONSET AND DEATH 1 yr			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		5810					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from 5-20, 1954 , to 7-3, 1954 , that I last saw the deceased alive on 7-3, 1954 , and that death occurred at 8:24 P.M. from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) J. E. Pauls, M.D.				23b. ADDRESS Overland, Mo.			23c. DATE SIGNED 7-6-54				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE July 7, 1954		24c. NAME OF CEMETERY OR CREMATORY East Newburn Cem.,		24d. LOCATION (City, town, or county) (State) East Newburn, Ill.					
DATE REC'D BY LOCAL REG. 7/6/54		REGISTRAR'S SIGNATURE Robert S. Lambert			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. W. Clark 1125 Hodiamont Ave.,						

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

2573 WOODSON RD.,
11-12 2-4 P.M.
WI. 6-4616

✓ 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. Murray*

Licensed Embalmer No. *3*

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.