

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013961
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3165

FILED MAR 28 1963

1. PLACE OF DEATH
a. COUNTY St. Louis, Mo. Length of stay in lb 10 hrs.
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis, Mo. c. CITY Granite City Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital Inside Limits Yes No d. STREET ADDRESS (If outside, give location) 1911 Benton Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Ill. b. COUNTY Madison

3. NAME OF DECEASED (Type or print) First Geroux Middle Wade Last Wade 4. DATE OF DEATH Month March Day 18 Year 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3/17/63 9. AGE (last birthday) 3/17/63 IF UNDER 1 YEAR Months 10 Days 10 IF UNDER 24 HR Hours 10 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Granite City, Ill. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Hugh Wade 13b. MOTHER'S MAIDEN NAME Norma Odell 14. NAME OF HUSBAND OR WIFE

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. None 17. INFORMANT Hugh Wade Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Prematurity (32 weeks gestation) INTERVAL BETWEEN ONSET AND DEATH 7 hrs
DUE TO (b) 776x
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour 10:00 p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION Edwardsville, Illinois COUNTY STATE

21. I attended the deceased from birth to death and last saw her/him alive on 9:30 PM 3/17/63
Death occurred at 10:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ray D. Wolff, M.D. 22b. ADDRESS 216 S. Kingshighway 22c. DATE SIGNED 3/18/63

23a. BURIAL, CREMATION REMOVAL (Specify) March 18 - 6:30 23b. DATE March 18 - 6:30 23c. NAME OF CEMETERY OR CREMATORY Sunset Hill 23d. LOCATION (City, town, or county) (State) Edwardsville, Illinois

24. FUNERAL DIRECTOR Thomas H. ... ADDRESS ... 25. DATE RECD. BY LOCAL OFFICE MAR 18 1963 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

64

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 NOT EMBALMED, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Francis J. Rakey

Licensed Embalmer No. 2792

P. O. Address Madison, Ill

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.