MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

~~15399~~ 15668

1. PLACE OF DEATH
County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St Louis (No. ..... St. ..... Ward)

File No. ..... Registered No. 4630

2. FULL NAME William F Waul
(a) Residence. No. 4119 Olive St., 19 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 27th 1859

7. AGE: Years 68 | Months 8 | Days No | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Stationery
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alton Illinois

PARENTS
10. NAME OF FATHER: Frank Waul
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

14. INFORMANT: W. F. Waul Jr.
(Address) 4119 Olive St

15. FILED APR 28 1928 Max C Starkey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 27th 1928

17. I HEREBY CERTIFY, That I attended deceased from 3-6-28, 1928, to 4-27, 1928, that I last saw him alive on April 4th, 1928, and that death occurred, on the date stated above, at 1:45 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Interstitial Nephritis
131
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Coma
(duration) ..... yrs. ..... mos. ..... ds.

129a

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? usual
(Signed) W. J. Gallagher, M. D.
4/27, 1927 (Address) 234 University Club Bl

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary
DATE OF BURIAL: Apr 30 1928

20. UNDERTAKER: McPollins
ADDRESS: 928 N. Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.