

REC'D SEP 12 1938

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

27117  
Do not use this space.

791  
1003 Registered No. 7131

1. PLACE OF DEATH

(a) County ..... Registration District No. 2  
(b) Township ..... Primary Registration District No. 1  
(c) City St. Louis, (d) Street No. 342 N. Newstead Ave., St. 19  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? - yrs. mos. ds.

2. PRINT FULL NAME

Eliza I. Waterworth, 366  
(a) Residence, No. 342 N. Newstead Ave., St. 19  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 James A. Waterworth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
87 1 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri.

FATHER 13. NAME Edward Brooks,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

MOTHER 15. MAIDEN NAME Virginia Riddick,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT F. B. Trowbridge,  
(ADDRESS) 5876 Cates Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Aug. 12, 1938

19. FUNERAL DIRECTOR (NAME) Wagoner Ind. Co.  
(ADDRESS) 3621 Olive St.

20. FILED AUG 11 1938 J. F. Buddeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-10-38, 19

22. I HEREBY CERTIFY, That I attended deceased from July 10 - 1938 to 8-10-38, 19  
I last saw him 8:30 alive on 8-10-38 Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:  
Senility

Date of onset  
Other contributory causes of importance:  
Vascular Heart trouble.

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....  
(Signed) John W. L. Brennan! M. D.  
(Address) 3601 Graves.

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.

**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, Myself

....., or by ✓

Registered Apprentice No. ✓....., working under my personal supervision.

Signed Walter King

Licensed Embalmer No. 3563

P. O. Address 3621 Olive

**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, above space should be left blank.**