

U6 19 938

REC'D SEP 9 1938

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

29958
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Clayton Primary Registration District No. 101
 (c) City Clayton (d) Street No. St. Louis County Hospital Registered No. 1386
 (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 Waugh, Baby B
 (a) Residence, No. 560 Scranton, Prospect Hill, Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/18/38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0 53

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Jessie Waugh

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

MOTHER
 15. MAIDEN NAME Edna Green

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

17. INFORMANT mother, Edna Green Waugh (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Lebanon DATE 8/19/38

19. FUNERAL DIRECTOR (ADDRESS) Dietrich Funeral Home 8319 Halls Ferry

20. FUNERAL HOME (ADDRESS) T. R. Meyer, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/18/38, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/18/38 to 8/18/38, 1938.
 I last saw him alive on 8/18/38, 1938. Death is said to have occurred on the date stated above, at 2.00P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Subtentorial
160 lb.
 Other contributory causes of importance:
Cardiorespiratory
giveness

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1938
 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 George W. Bonlae, M. D.
 (Signed) George W. Bonlae (Address) 707
John W. Bonlae
Clayton, Mo.

Date of onset
8/18/38
8/18/38

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.

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STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Arthur P. Hedrich

Licensed Embalmer No. 3556

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.)