

REC'D APR 12 1935

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

8262
Do not use this space.

2027

1. PLACE OF DEATH

(a) County 3 / Registration District No. 791
(b) Township 1 / Primary Registration District No. 1003
(c) City St. Louis (d) Street No. 4114 Washington Ave. St.
(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 256 Otis Waggoner Sr.

(a) Residence, No. 6141 Elizabeth Ave. St. 3
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
68 3 28 28

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

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

FATHER 13. NAME Henry Waggoner
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Pennsylvania
(STATE OR COUNTRY)

17. INFORMANT Annie Waggoner
(ADDRESS) 6141 Elizabeth Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Allenton Mo. DATE 3-4 19. 3

19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILED MAR 2 1939 J. B. Beck Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-1, 19 39

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 2:20 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Arterio Sclerosis
Date of onset

Other contributory causes of importance: 93e

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

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?.....
If so, specify.....
(Signed) Alfred Perry M.D.
(Address) Deputy Coroner

WHILE PRINTING, WITH UNFOLDING LINE--THIS IS A PERMANENT RECORD

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.

I X 16605

Edith Lawrence

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

Signed *Edwin M. Bennett*

Licensed Embalmer No. *3024*

P. O. Address.....

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.