

S. No. 2
OM-542
ev. 5-17-39
I X32873

36028

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1942
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No.
Registrar's No. **10101**

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home of the Friendless 5441 S. Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **17 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **000**
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No..... **4431 S. Broadway**
(If rural, give location)
(e) Citizen of foreign country?..... **no** (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Jeanie Waldie**
(b) If veteran, name war..... **None**
(c) Social Security No..... **Nonon**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Dec.** day..... **2**
year..... **1942** hour..... **8** minute..... **P.M.**

4. Sex..... **Female** 5. Color or race..... **White**
6. (a) Single, widowed, married, divorced..... **Single**
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years

21. I hereby certify that I attended the deceased from.....
Dec 25 1942 to **Dec 2** 1942
that I last saw him alive on..... **Dec 2** 1942
and that death occurred on the date and hour stated above.

7. Birth date of deceased..... **December 10 1858**
(Month) (Day) (Year)

Immediate cause of death
Partial intestinal obstruction
Due to..... **Chronic Cholecystitis**
over a year

8. AGE: Years Months Days If less than one day
83 11 22 hr. min.

Due to..... **Calculous**
Other conditions..... **Old femoral hernia (R)**
(Include pregnancy within 3 months of death)

9. Birthplace..... **Richmond Virginia**
(City, town, or county) (State or foreign country)
10. Usual occupation..... **Stenographer**
11. Industry or business..... **Retired**
12. Name..... **William Waldie**
13. Birthplace..... **Scotland 4**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Jane Shanks**
15. Birthplace..... **Scotland 4**
(City, town, or county) (State or foreign country)

Major findings:
Of operations..... **no**
Of autopsy..... **no**

16. (a) Informant..... **Miss M. Jones**
(b) Address..... **4431 S. Broadway**
17. (a) **Burial** (b) Date thereof..... **Dec. 4, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **Bellefontaine Cem.**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)..... **no**
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

18. (a) Signature of funeral director..... **C. Hoffmeister U. & L. Co.**
(b) Address..... **7814 S. Broadway**
19. (a) **DEC 3 1942** (b) **J. T. Breese**
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place) (c) Means of injury.....
23. Signature..... **Chas. Sydman** (M. D. or other) **D.O.**
Address..... **3720 Washington** Date signed..... **Dec 24**

344 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Dr. Chas Hyndmann
3720 Washington 2 to 4 p.m.

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 Linus E. Heffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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, fact should be so stated above.