

FD APP 19 1943 818
Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 DAYS
In this community 4 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County [REDACTED]
(c) City or town East St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4903 Delmar Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

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3. (a) PRINT FULL NAME Charles M. Waddell

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie Metcalfe 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased APRIL 7 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 27 If less than one day hr. min.

9. Birthplace WHEELING W. VA. /
(City, town, or county) (State or foreign country)

10. Usual occupation WHOLESALE MEAT SALESMAN

11. Industry or business SALESMAN

12. Name WILLIAM WADDELL
13. Birthplace WHEELING W. VA. /
(City, town, or county) (State or foreign country)
14. Maiden name LULA HEDGES
15. Birthplace WHEELING W. VA. /
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Rube
(b) Address East St. Louis, Ill

17. (a) Burial (b) Date thereof APR. 7, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation EAST ST. LOUIS ILL.

18. (a) Signature of funeral director Chas Rube
(b) Address East St. Louis, Ill.
19. (a) APR 5 1943 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1943 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Mar-31- 1943 to April-4- 1943
that I last saw him alive on April-4- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 5 days

Due to [Signature]
Due to [Signature]
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations [Signature]
Of autopsy [Signature]

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address 4903 Delmar Date signed 4/5/43

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

MOTHER FATHER

HALE

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..... *Chas M. Burke*

Licensed Embalmer No..... 2421

P. O. Address. East St. Louis, Ill.

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.