

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 4 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4691

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:
6817 S. Broadway /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 5 years

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6817 S. Broadway
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Grace Waybright

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Benjamin H. Waybright

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 1 1901
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|-----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>41</u> | <u>11</u> | <u>18</u> | hr. _____ min. _____ |

9. Birthplace Pacific, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Melton

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Farrell

15. Birthplace Jefferson County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Walter Farrell

(b) Address 3122 Chippewa, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-43 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) MAY 20 1943 (Date received local registrar) (b) J. J. Prueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1943 hour 8 minute 9 M.

21. I hereby certify that I attended the deceased from JAN 14 1943, to MAY 19 1943; that I last saw her alive on MAY 18 1943 and that death occurred on the date and hour stated above.

Immediate cause of death MITRAL INSUFFICIENCY

Due to This woman was always a hard drinker of alcoholics

Other conditions (Include pregnancy within 3 months of death) 92

Major findings: Of operations _____ Of autopsy no

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) (a) Means of injury _____

23. Signature F. F. Zeller (M. D. or other) max
Address 7119 So. Broadway Date signed 1943

Duration JAN 14 1943

1943

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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.....

Linus C. Hoffmeister

Registered Apprentice No.....

working under my personal supervision.

Signed *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P.O. Address *7814 S. Broad*

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.