

FILED DEC 13 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10662

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town Saint Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 2 hours 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4110 Enright Avenue, Apt. 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WARREN R. WADDY

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 491-14-5649

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Hortense Waddy 6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased November 5, 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 0 26 hr. \_\_\_\_\_ min.

9. Birthplace Columbia Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Frazer

11. Industry or business Emerson Electric Company

MOTHER FATHER { 12. Name Eli Waddy  
13. Birthplace Columbia Texas  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary UNKNOWN  
15. Birthplace Columbia Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant Hortense Waddy  
(b) Address 4110 Enright Avenue, Apt. 1

17. (a) Burial (b) Date thereof 12/6/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) DEC 4 1943 J. J. Prudeak  
(Date received from Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1st  
year 1943 hour 5: minut 00 P. M.

21. I hereby certify that I attended the deceased from July 15, 1942, to Nov 11, 1943, that I last saw her alive on Nov 1, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Edema  
Due to Cardiac failure

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 J. J. Prudeak (M. D. or other) \_\_\_\_\_  
Address 1105 E. 27th Date signed 12/4/43

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

MO  
1917  
9

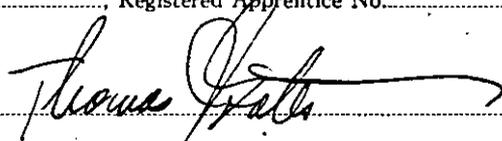
(Hill)

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**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.....  
..... Thomas J. Gates ....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....



..... Licensed Embalmer No. 4259 .....

..... P. O. Address 4107 Finney Avenue .....

**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.**