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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 2 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15302

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3712

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: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 7320 LaVeta Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Douglas Waugh

3. (b) If veteran, name war No.

3. (c) Social Security No. 489-01-6997

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Gertrude Lindsay Waugh

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 21, 1886 (Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 0 If less than one day hr. min.

9. Birthplace West Lorne, Ontario (City, town, or county) (State or foreign country)

10. Usual occupation President

11. Industry or business Waugh Paint Co.

FATHER
12. Name David Waugh,
13. Birthplace Ontario, Canada (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Palmer
15. Birthplace Wallacetown, Canada (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. L. Fitts,
(b) Address 5501 Chippiwa St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/46 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Robert J. Ambruster, Inc.
(b) Address Clayton Rd. at Concordia Lane

19. (a) APR 23 1946 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21, year 1946 hour 3 minute 31 A.M.

21. I hereby certify that I attended the deceased from January 3, 1938, to April 21, 1946 that I last saw him alive on April 21, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute coronary occlusion	6 hrs.
Due to Chronic myocardial disease	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations No operation

Of autopsy None

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? (Specify type of place)
While at work? (e) Means of injury?

23. Signature Anthony B. Ray (M. D. or coroner) M. D.
Address 3720 Washington Blvd. Date signed 4/22/46

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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, fact should be so stated above.