

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 5772

Registration District No. 318 Primary Registration District No. 1003

100
17
9
2168
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: Mission Baptist Hosp
(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 MO (b) County St Louis
(c) City or town Europe
(If outside city or town limits, write "RURAL")
(d) Street No. R R # 1
(If rural, give location) NR 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Stella Waldo
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 28
year 1946 hour 8:00 minute 15 A.M.
21. I hereby certify that I attended the deceased from 25 June, 1946 to 28 June, 1946
that I last saw him or her alive on 27 June, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife Walter Waldo 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased: Feb 16 1884
(Month) (Day) (Year)

Immediate cause of death Cardiac failure Duration 1 week
Due to Essential hypertension and coronary arteriosclerosis 4 yrs
Due to _____ ?

8. AGE: Years 62 Months 4 Day 12 If less than one day _____ hr _____ min
9. Birthplace Carbondale Ills (City, town, or county) (State or foreign country)
10. Usual occupation at home

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.

MOTHER, FATHER
11. Industry or business _____
12. Name James Weddington
13. Birthplace Ills (City, town, or county) (State or foreign country)
14. Maiden name Anna Holand
15. Birthplace New Hudson (City, town, or county) (State or foreign country)
16. (a) Informant Walter Waldo
(b) Address R.R. # 1 Europe MO
17. (a) Buried (b) Date thereof July 1 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem
18. (a) Signature of funeral director Louis H. Bopp
(b) Address Arkwood Mo
19. (a) III 1 1946 J. F. Bredek
(Date Registered Medical certificate) (Registrar's signature)

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 U
23. Signature Truman S. Drake (M. D. or other) Date signed 6-28-46
Address 114 N. Taylor

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..... *Felix Aluand*

Licensed Embalmer No..... *3034*

P. O. Address..... *Hickwood mo*

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.