No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 29637

FILED SEP 2 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 3002

**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 City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 41 Years

**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. 2825 Osage Avenue (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Theodore H. Waser

3. (b) If veteran, name war —

3. (c) Social Security No. 487-32-6468

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July 30, 1906 (Month) (Day) (Year)

8. AGE: Years 41 Months 0 Days 22 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Pyramid Company of Missouri

MOTHER FATHER

12. Name Joseph Waser, Sr.

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

14. Maiden name Anna Roth

15. Birthplace Frohna, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Joseph Waser, Jr.

(b) Address 5522 Alaska

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 25, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director BEIDERWIEDEN F.H. INC.

(b) Address 1936 St. Louis Avenue

19. (a) AUG 23 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 22 year 1947 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Dislocation of Atlas Fracture and dislocation of Spine Cervical with Cord injury when a Truck turned over on the [illegible] Due to [illegible] Other conditions (Include pregnancy within 3 months of death) [illegible] Operation [illegible] Date of operation Aug 20 1947

Duration

PHYSICIAN Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Aug 22 1947

(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? Work (Specify type of place)

While at work? (e) Means of injury [illegible]

23. Signature [illegible] (M. D. or other) [illegible]

Address [illegible] Date signed 8/23/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.