No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 24 1948
Registration District No. .....

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7312
Primary Registration District No. 3069
Registrar's No. 454

1. PLACE OF DEATH:
(a) County: ST. LOUIS
(b) City or town: RICHMOND HEIGHTS. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1166 HAMPTON PARK DRIVE (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community ..... (Specify whether 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.: 1166 HAMPTON PARK DRIVE. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: STANLEY SARGENT WAITE.
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MARTHA S. WAITE.
6. (c) Age of husband or wife if alive: 47 years
7. Birth date of deceased: APRIL (Month) 6 (Day) 1883 (Year)

8. AGE: Years 64 | Months 10 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace: FARWELL, (City, town, or county) MICHIGAN (State or foreign country)
10. Usual occupation: ATTORNEY.
11. Industry or business .....

FATHER
12. Name: DANIEL R. WAITE.
13. Birthplace: COBERG, (City, town, or county) ONTARIO, CANADA (State or foreign country)

MOTHER
14. Maiden name: NELLIE S. HOLDEN.
15. Birthplace: LADEER (City, town, or county) MICHIGAN. (State or foreign country)

16. (a) Informant: MRS. S.S. WAITE.
(b) Address: 1166 HAMPTON PARK DRIVE.
17. (a) CREMATORY (Burial, cremation, or removal) (b) Date thereof: 2-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation: OAK GROVE CREMATORY.
18. (a) Signature of funeral director: C.R. LUPTON & SONS.
(b) Address: 7233 DELMAR BLVD.
19. (a) 2-18-48 (Date received local registrar) (b) Beulah Shaffer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 16 year 1948 hour 0 minute 55 P.M.

21. I hereby certify that I attended the deceased from January 15, 1947 to Feb. 16th 1948 that I last saw alive on Feb. 16th 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Prostate	3 y
with metastases	
Due to: the bones.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: None made	
Of autopsy: None made.	

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) .....
(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: Joseph Dave (M. D. ~~or other~~)
Address: 406 Frisco Bldg. Date signed 2-17-48

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

APR 20 1948

Dr. Jos. Larimore.

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood

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.