

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED SEP 24 1948
318

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31514
Registrar's No. 8153

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: Mo. Baptist Hospital
(d) Length of stay: 1-week 1 day
In this community years, months or days

3. (a) PRINT FULL NAME William T. Wasson
3. (b) If veteran, name war None
3. (c) Social Security No. 498-16-8514

4. Sex M 1) 5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Ruth
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased Aug. 10 1911 (Month) (Day) (Year)

8. AGE: Years 37 Months 1 Days 5 If less than one day hr. min.

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

10. Usual occupation Tavern owner

11. Industry or business

12. Name Ira M. Wasson

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

14. Maiden name Geria Day Browning

15. Birthplace Foristea Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Ruth Wasson

(b) Address Box 108 Maryland Heights, Mo.

17. (a) Burial (b) Date thereof 9/18/48 (City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Luth. Ch. Cemetery

18. (a) Signature of funeral director Baumann Brothers Inc.

(b) Address 2504 Woodson Oakland Mo.
19. (a) SEP 17 1948 (b) J. F. Bredeck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Maryland Heights (If outside city or town limits, write "RURAL")
(d) Street No. Dorsett & Mikel Aves. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1948 hour 12 minute 56 P.M.

21. I hereby certify that I attended the deceased from 9 September 1948 to 15 September 1948; that I last saw him alive on 15 September 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Malignant nephrosclerosis 2 mos.
Due to Essential hypertension 3 yrs.

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Malignant nephrosclerosis

Duration
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) (c) Means of injury

23. Signature T. G. Drake (M. D. or other) Address 114 N. Taylor, St. Louis 8 Date signed 17 Sept 48

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

MOTHER FATHER

file # 8600
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 3454
....., Registered Apprentice No.....
working under my personal supervision.

Signed David E. Gibson

Licensed Embalmer No. 3454

P. O. Address Cleveland 14, 7A

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.