

FILED MAR 26 1949

STANDARD CERTIFICATE OF DEATH

10781
State File No. 2442
Registrar's No.

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4515 Elmbank Ave.		d. STREET ADDRESS (If rural, give location) 4515 Elmbank	

3. NAME OF DECEASED a. (First) William b. (Middle) H. c. (Last) Waddle			4. DATE OF DEATH (Month) Mar 16 (Day) 19 (Year) 1949				
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH Nov. 4 1887	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Days	IF UNDER 24 Hrs. Hours	IF UNDER 15 Min. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real estate salesman		10b. KIND OF BUSINESS OR INDUSTRY Real estate		11. BIRTHPLACE (State or foreign country) Springfield Mo. 0		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Beverly Layton	13b. MOTHER'S MAIDEN NAME Anna Kentling	14. NAME OF HUSBAND OR WIFE Elizabeth Waddle
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO	16. SOCIAL SECURITY NO. 488 10 9653	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Waddle 4515 Elmbank
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aneurysm of Aorta (reticular)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis of b. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1151X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1948, to Mar. 16, 1949, that I last saw the deceased alive on Mar. 16, 1949, and that death occurred at 11:32a m., from the causes and on the date stated above.

23a. SIGNATURE A. J. Murphy, M.D. (Degree or title) 0	23b. ADDRESS 4143rd N. Newstead	23c. DATE SIGNED 3/17/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 19 1949	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) St. Louis Mo
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DATE REC'D BY LOCAL REG. MAR 17 1949	REGISTRAR'S SIGNATURE J. B. Foster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Street - Carroll 4600 Nat'l Bridge
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. Allen Davis Jr

Licensed Embalmer No. *4053*

P. O. Address *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.