

FILED NOV 24 1950

STANDARD CERTIFICATE OF DEATH

State File No. 39137

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 100 Registrar's No. 9732

1. PLACE OF DEATH a. COUNTY 318		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4132 Botanical Avenue.		17. STREET ADDRESS (If rural, give location) 4132 Botanical Avenue.	

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) Kirby c. (Last) Waddell Sr.			4. DATE OF DEATH (Month) (Day) (Year) Nov 15, 1950		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1878 Oct 16, 1877	9. AGE (In years last birthday) 72	10. UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auditor		10b. KIND OF BUSINESS OR INDUSTRY Frisco R.R.		11. BIRTHPLACE (State or foreign country) Lexington, Missouri	
13a. FATHER'S NAME James Waddell			13b. MOTHER'S MAIDEN NAME Louise Hensley		14. NAME OF HUSBAND OR WIFE Jennie Drake Waddell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jennie D. Waddell-4132 Botanical Ave	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Failure			INTERVAL BETWEEN ONSET AND DEATH 3 years
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Heart Disease			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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? 4201	

22. I hereby certify that I attended the deceased from Jan, 1948, to 11/16/1950, that I last saw the deceased alive on Oct, 1950, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE Rueh Hayes MD (Degree or title)		23b. ADDRESS 3720 Washington		23c. DATE SIGNED 11/16/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Creamation		24b. DATE 11-17-50		24c. NAME OF CEMETERY OR CREMATORY Valhalla	
		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			

DATE REC'D BY LOCAL REG. 16 1950		REGISTRAR'S SIGNATURE J B Lancaster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wagoner Mortuary-4911 Washington Blvd	
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(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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Robert M. Murray

Signed.....
Student Embalmer

Licensed Embalmer No. 3749

P. O. Address St. Louis, 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri }
County of St. Louis } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 39137.50
Local Registrar's No. 9732

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 7th day of December, 1950, before me appears Mr. Elmer C. Grothe (Funeral Dir.), who, upon his oath, states that the original record of ~~birth~~ death for Arthur Kirby Waddell, Sr. ^{died} ~~born~~ 11-15-1950, 19 , in the State of Missouri, and which was filed at St. Louis, Mo. on 11-16-50, 19 , should be corrected as follows:

Item No. 8 should read October 18, 1878

Instead of Oct. 16, 1877

Item No. 9 should read 72

Instead of 73

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Elmer C. Grothe, Funeral Director
Relationship.

4911 Washington Blvd
Present Address.

Subscribed and sworn to before me this 7 day of Dec, 1950

My Commission expires 3-4-53 Ernest J. Fadden Notary Public.