

FILED JAN 19 1951

STANDARD CERTIFICATE OF DEATH

3126

State File No. ....

318

1003

123

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's 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 town) St. Louis		c. LENGTH OF STAY (In this place) township:		c. CITY (If outside corporate limits, write RURAL and give township) 6 St. Louis		2068				
d. FULL NAME OF HOSPITAL OR INSTITUTION 4745a St. Louis Ave.				d. STREET ADDRESS (If rural, give location) 4745a St. Louis Ave.						
3. NAME OF DECEASED (Type or Print) Landy		a. (First)		b. (Middle) P.		c. (Last) Waters		4. DATE OF DEATH (Month) (Day) (Year) Jan. 6 1951		
5. SEX male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1		8. DATE OF BIRTH May 17 1877		9. AGE (In years last birthday) 73		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Clerk		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Elsberry Mo. 0		12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME James Waters			13b. MOTHER'S MAIDEN NAME Martha Watts			14. NAME OF HUSBAND OR WIFE Magdalene Waters				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) none		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME Magdalene Waters; 4745a St. Louis						
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus INTERVAL BETWEEN ONSET AND DEATH few hours 7 yrs. 10+ yrs.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? H200						
22. I hereby certify that I attended the deceased from 11 Mar, 1949, to 6 Jan, 1951, that I last saw the deceased alive on 23 Dec, 1950, and that death occurred at 7 a. m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) Richard A. Jones MD.				23b. ADDRESS 3720 Washington			23c. DATE SIGNED 6 Jan 51			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal 1		24b. DATE 4/18/51		24c. NAME OF CEMETERY OR CREMATORY Elsberry		24d. LOCATION (City, town, or county) (State) Elsberry Mo.				
DATE REC'D BY LOCAL REG. JAN 7 1951		REGISTRAR'S SIGNATURE J. B. Lacater			25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral; 1905 Union Blvd.					

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Richard Jones;  
Beaumont Bldg.

(1 to 4)

*Warren G. Carver*

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 *Warren G. Carver*

Signed .....  
Student Embalmer

Licensed Embalmer No. *353X*

P. O. Address .....

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.