

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14892

State File No.

3371

FILED MAY 3 - 1952

BIRTH NO. 26424

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

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

| | | | |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY — | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City 4376</u> | |
| c. LENGTH OF STAY (in this place) <u>10 hrs. 45 min</u> | | d. STREET ADDRESS (If rural, give location) <u>1338 Mt. Olive 1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Evangelical Deaconess</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) <u>Waterston</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 30, 1952</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u> | 8. DATE OF BIRTH <u>March 30, 1952</u> |
| 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days | | IF UNDER 1 HRS. Hours Min. <u>10 43</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Missouri 0</u> |
| | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>John Edmund Waterston</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rebathucille Richardson</u> | 14. NAME OF HUSBAND OR WIFE — |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. — | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J. Waterston 1338 Mt. Olive University City, Mo</u> |
| 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, asthemia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhagic disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>771.5</u> |
| 22. I hereby certify that I attended the deceased from <u>March 30, 1952</u> , to <u>March 30, 1952</u> , that I last saw the deceased alive on <u>March 30, 1952</u> , and that death occurred at <u>2:45 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Lois Kertz M.D.</u> | | 23b. ADDRESS <u>4952 Maryland</u> | 23c. DATE SIGNED <u>4/2/52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>in</u> | 24b. DATE <u>4-30-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>APR 10 1952</u> | | REGISTRAR'S SIGNATURE <u>J. C. Smith M.D.</u> | 25. FUNERAL HOME SIGNATURE ADDRESS <u>ROWLAND GIBBNEY 4104 Manchester Ave.</u> |

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.....

Licensed Embalmer No.....

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.