

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26460

State File No.

FILED JUL 22 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **6600**

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		c. LENGTH OF STAY (in this place) 7 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		212	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 6227 S Kingshighway		d. STREET ADDRESS (If rural, give location) 6227 S Kingshighway	
3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) Z c. (Last) Waters		4. DATE OF DEATH (Month) (Day) (Year) July 6, 1952	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 4, 1893
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chef		10b. KIND OF BUSINESS OR INDUSTRY Food	11. BIRTHPLACE (City and State or Foreign Country) Jacksonville, Ill. /
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Sam Waters	
13b. MOTHER'S MAIDEN NAME Anette Jackson		14. NAME OF HUSBAND OR WIFE Edna Waters	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Edna Waters		ADDRESS 6227 S Kingshighway	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 10 da.	
*This does not mean the mode of dying, such as heart failure, asphyxiation, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (b)		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1. Coronary Arteriosclerotic Heart Disease 2. Heart Exhaustion 3. Tuberc. Nocardia			
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		491XB	
22. I hereby certify that I attended the deceased from May 11, 1949 to July 6, 1952 that I last saw the deceased alive on July 5, 1952 , and that death occurred at 2:00 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Raymond E. Doyle M.D.		23b. ADDRESS 3102 S. Grand Blvd.	
23c. DATE SIGNED July 7 '52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/9/52	
24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) Afton Mo.	
DATE REC'D BY LOCAL REG. Jul 8 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE L Ziegenhein & Sons		ADDRESS 7027 Gravoie	

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 *Neville B. Proketter*

Licensed Embalmer No. *3696*

P. O. Address *7027 Garvie*

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.