

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36964

State File No.

9996

FILED NOV 13 1952

BIRTH NO. 81838 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 <u>St. Louis County</u>		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 township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2049</u>	
c. LENGTH OF STAY (in this place) <u>3hr 16min</u>		d. STREET ADDRESS (If rural, give location) <u>7209 Lanham Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Evangelical Deaconess Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u>		b. (Middle) <u>Allen</u>	
c. (Last) <u>Waggener</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-30-52</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>N</u>	8. DATE OF BIRTH <u>10-30-52</u>
9. AGE (In years last birthday) <u>2</u>		10. IF UNDER 1 YEAR (Month) (Day) (Year) <u>3</u> <u>16</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Oiver Clifford Waggener</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Louise Dowdle</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NONE</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Martha Louise Dowdle</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, ashenia, etc. It means the disease, injury, or complication which caused death.		ADDRESS <u>7209 Lanham St. Louis, Mo</u>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u>		<u>3 hrs</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 checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Deaconess Hospital</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) <u>10-30-52</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>7600'</u>	
22. I hereby certify that I attended the deceased from <u>10-30</u> , 19 <u>52</u> , to <u>10-30</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10-30</u> , 19 <u>52</u> , and that death occurred at <u>4:10 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. Sterling MD</u>		23b. ADDRESS <u>Maplewood Mo.</u>	
23c. DATE SIGNED <u>10-30-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-31-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET-BURIAL-PARK</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO</u>	
DATE REC'D BY LOCAL REG. <u>OCT 30 1952</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Smith</u> ADDRESS <u>7456 MANCHESTER-MAPLEWOOD MO</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.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

NOT- EMBALMED

Signed..... *H. P. Burgess*

Licensed Embalmer No. *4029*

P. O. Address..... *Maplewood*

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.