

STANDARD CERTIFICATE OF DEATH

37688

State File No.

FILED NOV 6 - 1953

318

1003

Registrar's No. 9866

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

REG. DIST. NO.

1. PLACE OF DEATH

a. COUNTY		c. LENGTH OF STAY (in this place)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		4495	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hos'p			

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Mo.	b. COUNTY St. Louis
c. CITY OR TOWN Richmond Heights	
d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
• STREET ADDRESS (If rural, give location) 1121 Claytonia Dr	

3. NAME OF DECEASED (Type or Print)

a. (First) b. (Middle) c. (Last)

HYMAN	E. WATELL	4. DATE OF DEATH (Month) (Day) (Year) Oct 15 1953
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5. SEX

6. COLOR OR RACE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 Wk. Hours Min.

male	white	married	Nov 26 1887	65
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) /

12. CITIZEN OF WHAT COUNTRY?

retired	Realestate	Alvold Texas	
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13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

Isaac Waltell	Jennie Miller	Eva P. Watell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

no	496-36-2829	Eva Watell 1121 Claytonia Dr
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18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia

INTERVAL BETWEEN ONSET AND DEATH 3 wks.

*This does not mean the mode of dying, such as heart failure, asthenia, 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.

Glomerulonephritis, chronic

DUE TO (b) Arteriosclerosis - general

Hypertensive cardiovascular disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

many yrs.

many yrs.

many yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) (Minute)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 443x

22. I hereby certify that I attended the deceased from Sept. 10, 1953, to Oct. 14, 1953, that I last saw the deceased alive on Oct. 14, 1953, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

23b. ADDRESS

23c. DATE SIGNED

Elmer Richman M.D.	634 N. Grand	10/15/53
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24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

removal	10-16-53	Mo. Sinai	St. Louis Co Mo.
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DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

OCT 16 1953	[Signature]	[Signature]	4356 Lindell 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, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 4194
P. O. Address... St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.