

FILED APR 19 1954

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13096**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 101

5940
2

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

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Parsons OR TOWN Rural St. Francois		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4		d. STREET ADDRESS (If rural, give location) 2029 Bellevue	

4534
1

3. NAME OF DECEASED (Type or Print) a. (First) RAYMOND b. (Middle) J. c. (Last) WALDON		4. DATE OF DEATH (Month) (Day) (Year) 3-27-54	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH March 1, 1894
9. AGE (In years) (last birthday) 60		IF UNDER 1 YEAR Months 0 Days 26	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10b. KIND OF BUSINESS OR INDUSTRY Hospitals	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
			12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James J. Waldon	13b. MOTHER'S MAIDEN NAME Margaret C. Ryan	14. NAME OF HUSBAND OR WIFE (None - divorced)
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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) No	16. SOCIAL SECURITY NO. Not known	17. INFORMANT'S SIGNATURE OR NAME Mrs. James D. Dolan	ADDRESS 2029 Bellevue
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION Maplewood, Mo.		INTERVAL BETWEEN ONSET AND DEATH Abt. 6 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic heart disease and marked pulmonary emphysema		unknown.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic alcoholism.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb. 9, 1951**, to **March 27, 1954**, that I last saw the deceased alive on **March 27, 1954** and that death occurred at **4:25 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS State Hospital No. 4, Farmington, Mo.	23c. DATE SIGNED 3-30-54
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE March 30, 1954	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. Mar. 30, 1954	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE M. J. Croghan	ADDRESS 831 E. Big Bend Blvd.
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(Licensed Embalmer's Statement on Reverse Side) **Webster Groves, 19, Mo.**

APR 19 1966

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 Ronald O. Yahrke

Licensed Embalmer No. 13915

P. O. Address St. Louis, Mo.

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.