

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39618**
Registrar's No. **2575**

BIRTH NO. _____ REG. DIST. NO. **517** PRIMARY REG. DIST. NO. **547**

1. PLACE OF DEATH a. COUNTY St. Louis		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) OR TOWN Richmond Heights		c. CITY OR TOWN Valley Park	
c. LENGTH OF STAY (In this place) 3-Months		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		STREET ADDRESS (If rural, give location) 506-Forest Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) Thomas	b. (Middle) J.	c. (Last) Waters	4. DATE OF DEATH (Month) (Day) (Year) Nov. 5-1954
-------------------------------------	--------------------------	-----------------------	-------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 9-1894	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	-------------------------------------	---	----------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Textile foreman	10b. KIND OF BUSINESS OR INDUSTRY Cotton Co. Dustry	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	--

13a. FATHER'S NAME John Waters	13b. MOTHER'S MAIDEN NAME Elizabeth Bannon	14. NAME OF HUSBAND OR WIFE Irene Weisenburg Waters
---------------------------------------	---	--

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. 4015	17. INFORMANT'S SIGNATURE OR NAME Irene Waters	ADDRESS 506, Forest, Valley Park
--	-------------------------------------	---	---

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of pharynx		
	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.			

19a. DATE OF OPERATION 8-18-53 10-5-54	19b. MAJOR FINDINGS OF OPERATION Obstruction of pharynx by cancer	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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 148X
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **June 1953**, to **11/5**, 19**54**, that I last saw the deceased alive on **11/5**, 19**54**, and that death occurred at **7 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lloyd S. Rolufs M.D.	23b. ADDRESS 126 E. Adams Kirkwood	23c. DATE SIGNED 11-6-54
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 8-1954	24c. NAME OF CEMETERY OR CREMATORY Sacred Heart	24d. LOCATION (City, town, or county) (State) Valley Park, Mo.
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. 11/6/54	REGISTRAR'S SIGNATURE Harold R. Ambrose	25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home	ADDRESS Ballwin, Mo.
---	--	---	-----------------------------

(Licensed Embalmer's Signature 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 *Geo. Schrader*

Licensed Embalmer No. *30*

P. O. Address *Bellewin*

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.