

No. 300  
10.48

FILED SEP 1 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28262  
6631

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

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 town) St. Louis		c. LENGTH OF STAY (in this place) 10-mons.	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Bernard Nursing Home		STREET ADDRESS (If rural, give location) 5 5799 McPherson Ave. 20570	
3. NAME OF DECEASED (Type or Print) Vincent E. Waddock		4. DATE OF DEATH (Month) (Day) (Year) July 31, 1955	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Aug. 24, 1871
9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 11	IF UNDER 24 HRS. Days 7	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman- Building Material		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Ill.
13a. FATHER'S NAME Francis Waddock		13b. MOTHER'S MAIDEN NAME Margaret O'Connor	14. NAME OF HUSBAND OR WIFE Mrs. Maud Waddock

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. 198-01-8578	17. INFORMANT'S SIGNATURE OR NAME Mrs. Maud Waddock, 5799 McPherson Ave.	
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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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsis of unknown origin		DUE TO (b) Pneumonia bronchii		1 1/2
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		2 days

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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 7-1-55, 1955, to 7-31-55, 1955, that I last saw the deceased alive on 8:30 AM, 1955, and that death occurred at 3 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. Moller M.D.	23b. ADDRESS 3720 Washington	23c. DATE SIGNED 8-1-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 2, 1955	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. AUG 1 1955	REGISTRAR'S SIGNATURE Paul Smith	FUNERAL DIRECTOR'S SIGNATURE J. Donnelly	ADDRESS 3840 Lindell Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

