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REG. 8652 SL 273

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31620

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7506

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: 915 N.Grand,St.Louis, Mo. (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place): 94 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION: VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN: ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 2901 NORTH TAYLOR AVENUE

3. NAME OF DECEASED (Type or Print)
a. (First): DAN
b. (Middle):
c. (Last): WADDELL

4. DATE OF DEATH (Month) (Day) (Year): 8-25-55

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 6-28-1900
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 1, Days 27 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WASH ROOM ATTENDANT
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (City and State or Foreign Country): PORTLAND, ARKANSAS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: NATHAN WADDELL
13b. MOTHER'S MAIDEN NAME: REBECCA BROCK
14. NAME OF HUSBAND OR WIFE: ROSE WADDELL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 488109991
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: VA HOSPITAL RECORDS, ST. LOUIS, MO.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LYMPHOSARCOMA, GENERALIZED — INTERVAL BETWEEN ONSET AND DEATH: Approx. 2 years

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
19b. MAJOR FINDINGS OF OPERATION
200.1
20. AUTOPSY? YES [X] 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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 5-23, 1955, to 8-25, 1955, ~~that I last saw the deceased alive on~~ ~~19~~, and that death occurred at 9:20p m., from the causes and on the date stated above.

23a. SIGNATURE Jean L. Boldue (Degree or title) M.D.
23b. ADDRESS 915 N. Grand Blvd. VAH, ST. LOUIS, MO.
23c. DATE SIGNED 8-25-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Aug 30 1955
24c. NAME OF CEMETERY OR CREMATORY: National Jeff Brks
24d. LOCATION (City, town, or county) (State): St. Louis, Co, Missouri

DATE REC'D BY LOCAL REG.: AUG 26 1955
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: J.H.Randle & Son 3133 Bell Avenue

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed S J Hats

Licensed Embalmer No. 26

P. O. Address 2749

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.