

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22188

FILED JUN 25 1956

State File No.

5669

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 6mo 5da		e. STREET ADDRESS (If rural, give location) 3236 Watson	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Josephine b. (Middle) c. (Last) Waser			4. DATE OF DEATH (Month) (Day) (Year) 6 13 1956		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1/17/1870		9. AGE (In years last birthday) 86 IF UNDER 1 YEAR: Months 4 Days 26 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) / (Illinois) Blue Mont	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME William Ashmead		13b. MOTHER'S MAIDEN NAME Martha Weatherford		14. NAME OF HUSBAND OR WIFE Joseph Waser	
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 AND NAME John F. Welch 3236 Watson Rd St Louis, MO Geo. M. Tanaka, M.D. 5600 Arsenal	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity 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. Generalized Arterio sclerosis.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0		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)	
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 **1/8**, 19**56**, to **6/13**, 19**56**, that I last saw the deceased alive on **6/13**, 19**56** and that death occurred at **2:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE George M. Tanaka, M.D.		23b. ADDRESS 5600 Arsenal		23c. DATE SIGNED June 14, 1956	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-15-1956		24c. NAME OF CEMETERY OR CREMATORY New St Cemetery		24d. LOCATION (City, town, or county) (State) St Louis, Missouri	
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DATE REC'D BY LOCAL REG. JUN 14 1956		REGISTRAR'S SIGNATURE J. Carl Smith M.D. <i>acm</i>		25. FUNERAL DIRECTOR'S SIGNATURE Hoffmeister Mortuary		ADDRESS 6464 Chippewa St. Louis, Missouri	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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 *Bill C. Branson*

Licensed Embalmer No.. *4764*

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.