

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031403
STATE FILE NUMBER

FILED AUG 18 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2076

300
1-57

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo. NORMANDY</u>		c. CITY OR TOWN <u>4109 d(21) St. Louis, Mo.</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>8628 January Ave.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Elmore Allen Waller</u>			4. DATE OF DEATH Month Day Year <u>Aug. 6 1958</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 20, 1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chauffeur</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Funeral Cars</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>
13a. FATHER'S NAME <u>Emmett Waller</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Vernetta</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No. Nil.</u>		16. SOCIAL SECURITY NO. <u>492-10-9397</u>	17. INFORMANT <u>Vernetta Waller, 8268 January, Ave.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>RESPIRATORY FAILURE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>PNEUMONIA, hypostatic</u>			<u>1 wk</u>
DUE TO (c) <u>Post-surgical invalidity (hip pinning)</u>			<u>1 wk</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>inanition, progeriac senescence, debility from cranial surgeries.</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Patient fell in his home fracturing right hip</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>12:45 AM on 7-27-58</u>		<u>E904, 0 21</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Berkely (21)</u>	COUNTY STATE <u>St. Louis Missouri</u>
21. I attended the deceased from <u>7-27-58</u> to <u>8-6-58</u> and last saw him alive on <u>8-6-58</u> Death occurred at <u>7:25</u> P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Doctor or title) <u>Robert Shelly DO</u>		22b. ADDRESS <u>1917 N Hanley Rd St. Louis 14</u>	22c. DATE SIGNED <u>8-7-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-9-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
24. FUNERAL DIRECTOR <u>Albert H. Hoppe 4700 Washington, Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>8-8-58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert K. Donke M.D.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Melvin L. Kemper*

Licensed Embalmer No. *4052*

P. O. Address *Do Lamin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.