

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003887
STATE FILE NUMBER

FEB 11 1959 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 253

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton Rch Hghs		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN East St. Louis		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.		Length of stay in lb 15 days	d. STREET ADDRESS (If outside, give location) 4030 Donovan Avenue		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CATHERINE Middle (NONE) Last WAGGAMAN			4. DATE OF DEATH Month Jan. Day 24 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 26, 1882	9. AGE (In years and birth day) 76	IF UNDER 1 YEAR Months 11 Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Manager - Postal		10b. KIND OF BUSINESS OR INDUSTRY Telegraph Co.	11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Robert Ronan		13b. MOTHER'S MAIDEN NAME Ellen Collins		14. NAME OF HUSBAND OR WIFE Robert Waggaman	
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. 327-01-7781	17. INFORMANT Address Thelma Waggaman - E. St. Louis, Ill.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure due to electrolyte deficiency - DUE TO (b) Carcinomatosis DUE TO (c) Malignancy of left breast - removed 9 yrs. ago PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 2 days, 6 months 9 yrs. ago
20a. ACCIDENT <input 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.) 170X		
20c. TIME OF INJURY Hour 11:05 a. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from November 1957 to time of death and last saw her alive on Jan. 24, 1959 Death occurred at 11:05 a. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Augustine Jones, M.D.			22b. ADDRESS 634 North Grand, St. 3 Mo		22c. DATE SIGNED 1-26-59.
23a. BURIAL, CREMATION, OR DISPOSAL (Specify) Interment		23b. DATE 1/27/59	23c. NAME OF CEMETERY OR CREMATORY Mount Carmel		23d. LOCATION (City, town, or county) (State) Belleville, Illinois
24. FUNERAL DIRECTOR John Kelly		ADDRESS E. St. Louis, Ill.	25. DATE RECD. BY LOCAL REG. 1-27-59	26. REGISTRAR'S SIGNATURE John C. Murphy, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

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 not embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed John J. Kasaly

Licensed Embalmer No. 6855

P. O. Address John J. Kasaly

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.