

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004048

STATE FILE NUMBER

JAN 28 1959

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

100

1. PLACE OF DEATH a. COUNTY <b>St. Louis.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY	
b. CITY OR TOWN <b>Robertson</b> (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>St. Louis, MO.</b> (If outside, give location) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Carter's Nursing Home</b> Length of stay in lb. <b>1 yr 8 mon.</b>		d. STREET ADDRESS <b>4226 E. Garfield Ave.</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Ferdinand</b> Middle <b>Waller</b> Last			4. DATE OF DEATH Month <b>Jan.</b> Day <b>6</b> Year <b>1959</b>
5. SEX <b>Male 2</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 26, 1881</b>
9. AGE (In years last birthday) <b>77</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>	11. BIRTHPLACE (City and state or country) <b>MO. C</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>unk.</b>	13b. MOTHER'S MAIDEN NAME <b>unk.</b>
14. NAME OF HUSBAND OR WIFE <b>Mattie Waller</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>-----</b>
17. INFORMANT <b>Harold Howard</b> Address <b>4226 E. Garfield Av.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Territorial Pneumonia</b> DUE TO (b) <b>Depressive Psychosis</b> DUE TO (c) <b>Arteriosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>none</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>1 yr 8 mo</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>none</b>		
20c. TIME OF INJURY Hrs. <b>none</b> Month, Day, Year a.m. p.m.	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.) <b>none</b>	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <b>4-18-57</b> to <b>1-6-59</b> and last saw <sup>her</sup> him alive on <b>1-6-59</b> Death occurred at <b>11 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Frederic D. Alexander</b>		22b. ADDRESS <b>826 N. Channing</b>	22c. DATE SIGNED <b>1-9-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/12/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, County, Mo.</b>
24. FUNERAL DIRECTOR <b>Peoples Und. Co. 3100 Franklin Av.</b>		25. DATE RECD. BY LOCAL REG. <b>1-10-59</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murphy, M.D.</b>

(Licensed Embalmer's Statement on Reverse Side)

100  
-57  
9  
13

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1956 FEB 5

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 *Walter A. Gould*

Licensed Embalmer No. *3489*  
P. O. Address *4575 Ave*

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.