MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

15340

~~15073~~

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 4273

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis, Mo (No. 3640 Shaw Av St. ..... Ward)

2. FULL NAME Charles P. Waite

(a) Residence. No. 3640 Shaw St., 17 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Nellie Waite

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 21, 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	4	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Piano Tuner
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) McHenry
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Louis Waite
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Vermont
12. MAIDEN NAME OF MOTHER Mary Perkins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Vermont.

14. INFORMANT Mrs Nellie Waite
(Address) 3640 Shaw Av.

15. FILED APR 19 1928, 19 May C. Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 18. 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1928, to Apr. 18, 1928, that I last saw him alive on Apr 18, 1928, and that death occurred, on the date stated above, at 10 45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardio-Vascular-Renal Disease
131
129 W
(duration) 3 yrs. + mos. ..... ds.

CONTRIBUTORY (SECONDARY) —
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Heart, Arteries BP + Ordinance
(Signed) Louis H. Behrens, M. D
Apr 19, 1928 (Address) 102 No Broadway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: McHenry, Ill
DATE OF BURIAL: 4/20/1928

20. UNDERTAKER: Bergesch Und. Co. 3661 Washington Bl.
ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.