

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

Do not use this space.

25370

**1. PLACE OF DEATH**

County.....

Registration District No. 7911

File No.....

Township.....

Primary Registration District No. 11003

Registered No. 7178

City St. Louis

(No. Allegian Dist. Hosp.)

St. ....

Ward) .....

**2. FULL NAME** William R. Waters

(a) Residence. No. 4351 Measha St., 15 Ward.

(If nonresident give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

Isabella Waters

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

Feb-16-1844

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

84

4

28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

Civil War Veteran

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis, Mo.

10. NAME OF FATHER

Sam. Waters

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Scotland

12. MAIDEN NAME OF MOTHER

Elizabeth Lady

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Scotland

14.

INFORMANT (Address)

Mrs. Chas. Toef  
4351 Measha St.

15.

FILED

11 10 1928  
May C. Galt  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) July-7-1928

17.

I HEREBY CERTIFY, That I attended deceased from June 5, 1928, to July 7, 1928 that I last saw him alive on July 6, 1928, and that death occurred, on the date stated above, at 11 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Nephritis (interstitial)

131

99

(duration) 2 yrs. .... mos. .... da.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) unknown yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

19. OPERATION PRECEDE DEATH? no. DATE OF .....

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) A. J. Habig, M. D.

(Address) 719 1/2 St. 8817 Brunia St. St. Louis

\*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

Bellefontaine DATE OF BURIAL 7/10 1928

20. UNDERTAKER

Wacker-Melderle ADDRESS 2331 S. Broadway

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.

THIS IS A PERMANENT RECORD

