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.

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

Do not use this space.

7536

1. PLACE OF DEATH

County ..... Registration District No. 1797 ~~1000~~ File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1492

City St. Louis (No. # 340 Rosedale Ave. — St. ..... Ward)

2. FULL NAME George Waugh

(a) Residence, No. 340 Rosedale Ave. — St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married —

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	83.	10.	16.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen Merchandising In business for self

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER

13. NAME David Waugh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

MOTHER

15. MAIDEN NAME Elvira Coop.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tenn.

17. INFORMANT (ADDRESS) Charles L. Waugh 3533 Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE Feby 13, 1933

19. UNDERTAKER (ADDRESS) C. R. Lupton & Sons #4449 Olive Street

20. FILED FEB 13 1933 19 Max C. Sandy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 11th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 —, 1933, to Feb. 11 —, 1933

I last saw h. alive on Feb 5, 1933 Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver. 1 yr.

Date of onset 1 yr.

Other contributory causes of importance: —

Name of operation no Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Wm J Langan Jr, M. D.

(Address) 5800 Plymouth Av.

Dr. Faugdn Jr.
Phone Ca 0220
5803 Plymouth
11 to 12. a.m.
6- 7. P.M.