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

NOV 13 1934

Do not use this space.

37515

1. PLACE OF DEATH
County St. Louis — Registration District No. 1791 — File No.
Township — Primary Registration District No. 1003 — Registered No. 9959
City St. Louis, 500 S. Kingshighway, St. Louis Childrens Hospital (Ward)

2. FULL NAME Shirley Waitcus
(a) Residence, No. 710 Pine STR St., NR Ward. Zeigler, Ill
(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-5-34
7. AGE — YEARS: — MONTHS: 5 — DAYS: 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Child.
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): Zeigler, Ill

FATHER
13. NAME: Joseph Waitcus
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER
15. MAIDEN NAME: Margret Yuccis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT: J. McElvin
(ADDRESS) 500 S. Kingshighway
18. BURIAL, CREMATION, OR REMOVAL
PLACE Zeigler Ill DATE 10-13 1934
19. UNDERTAKER Gilbert H. Hoffe Inc
(ADDRESS) 4294 Eucleid ave
20. FILED OCT 11 1934 19 J. Beckett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-11-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-30-34, 19, to 10-11-34, 19
I last saw h. e. R. alive on 10-11-34, 19 Death is said to have occurred on the date stated above, at 1:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral edema	10-10-34
8 yr	
1926	
100	

Other contributory causes of importance:

Pyelitis caused by Bacillus Coli	9-10-34

(Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) W. E. Carter, M. D.
(Address) 5100 S. Kingshighway

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.

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

100M-11-24-33