

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.

SEP 15 1936

791

32579

1. PLACE OF DEATH

County --- Registration District No. 1003

Township St. Louis, Mo.
 City St. Louis, Mo.

Primary Registration District No. Missouri Baptist Hosp

File No. 8450
 Registered No. 8450
 St. --- Ward ---

2. FULL NAME RICHARD WILLIAM WATERS

(a) Residence, No. 2007 PENN St. 23 Ward. (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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1936 to August 8, 1936
 I last saw him alive on 8-12-1936 Death is said to have occurred on the date stated above, at 9:35 a.m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16th 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 6 22

ESOPHAGEAL VARIX RUPTURE
" ULCER
 Date of onset 8-5-36

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Switchman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:
Hypostatic Pneumonia
Bronch

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Illinois

FATHER
 13. NAME Humphrey Waters

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

MOTHER
 15. MAIDEN NAME Catharine McCullough

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

17. INFORMANT Margaret Waters
 (ADDRESS) 2007 Penn St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary Cem. DATE Aug 14th 1936

19. UNDERTAKER Wm. E. Shuck
 (ADDRESS) 2227 So. Grand

20. FILED AUG 13 1936
J. Bredeck Registrar

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

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) E. J. Shuck, M. D.
 (Address) M.S.S.O.U.P. Pacific Hosp

