

NOV 4 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **508I Rhodes Ave.**) St. _____ Ward _____
File No. **336801**
Registered No. **10725**

2. FULL NAME **Hugh L. Waggoner**

(a) Residence, No. **508I Rhodes Ave** St., **2** Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred **80** 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) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise E. Waggoner				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18th, 1856				
7. AGE	YEARS 80	MONTHS 9	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. Retired			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)				
FATHER	13. NAME Not Known			
	14. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME Not Known			
	16. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY)			
17. INFORMANT Walter E. Waggoner (Son) (ADDRESS) 508I Rhodes Ave.				
18. BURIAL PLACE Sunset Burial Park 10/27/36 (ADDRESS) 10725				
19. UNDERTAKER KRAEGER-VOSS-FIX (ADDRESS) 3421 Kingshighway				
20. FILED 1936 J. Bredeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 24, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 17, 1936** to **Oct 24, 1936**
I last saw him alive on **Oct. 24, 1936** Death is said to have occurred on the date stated above, at **10⁰⁰** a.m.
The principal cause of death and related causes of importance were as follows:
Acute Dilatation of Heart Date of onset **Oct. 24**

Other contributory causes of importance: **Chronic Myocarditis** ?

Name of operation **Phy Signs** 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? **NO**
If so, specify _____
(Signed) **P. O. Herchenroder** M. D.
(Address) **Saint Joseph Hospital, St. Louis, Mo.**

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.

WHITE PAPER, WITH IMPRESSING INK—THIS IS A PERMANENT RECORD

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