REG'D MAR 24 1938

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

8165
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis
(b) Township
(c) City Webster Groves (d) Street No. 220 South Forest St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 96
Primary Registration District No.
Registered No. 330

2. PRINT FULL NAME Frank Waddock 320
(a) Residence, No. 220 Forest St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Cecelia Ryan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 31

7. AGE: Years 80 | Months 10 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Ret
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY): Brooklyn, N. J.

FATHER
13. NAME: Francis Waddock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Margaret O'Connor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Genevive Waddock, 220 Forest Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cemetery DATE: February 21, 1938

19. FUNERAL DIRECTOR (ADDRESS): Croghan Mud. Co. Inc. 7146 Manchester Ave.

20. FILED 2-19, 1938 T. K. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/17/38, 19..., to 2/18/38, 19..., I last saw him alive on 2/18/, 1938. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Heart failure	1934
Cardiac sclerosis	1935
59	
Other contributory causes of importance:	
Diabetes Mellitus	?

Name of operation Prostatectomy Date of 1931
What test confirmed diagnosis? Clinical 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) A. A. Goldbach, M. D.
(Address) 17 E. Lockwood

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, M. J. Brogan, Licensed Embalmer No. 2622 —

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.,

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed M. J. Brogan

Licensed Embalmer No. 2622

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)