REC'D JAN 11 1939

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

41201
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... 2 Registration District No. 1003
(b) Township ..... 1 Primary Registration District No. ..... Registered No. 10893
(c) City St. Louis (d) Street No. 6445 Oleatha Ave. 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.

2. PRINT FULL NAME James Waring
(a) Residence, No. 6445 Oleatha Ave. St. 14
(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: Alice R. Waring

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 26, 1861

7. AGE: YEARS 77 | MONTHS 4 | DAYS 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired Stat.-
9. Industry or business in which work was done, as saw mill, bank, etc.: Engineer
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): New York 1

FATHER
13. NAME: Unknown Unknown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

MOTHER
15. MAIDEN NAME: Unknown Unknown 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Alma Waring, 6445 Oleatha Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Buda, Ills. DATE: Dec. 19, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Arthur J. Donnelly, 3840 Lindell Blvd.

20. FILED: DEC 19 1938 J. F. Bedeck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 18, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1938, to Dec. 18, 1938
I last saw him alive on Dec. 17, 1938. Death is said to have occurred on the date stated above, at 5:45 pm.
The principal cause of death and related causes of importance were as follows:

Senile Cerebral Atheroma

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of ..... No
What test confirmed diagnosis? Typical 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) H. B. DePew, M. D.
(Address) 1446 So. Grand

(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.

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

I X14028

1446 S.Grand Blvd.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Stanley Marchlewski

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.)

If this body is not embalmed, above space should be left blank.