25 1939 REC'D MAR 9 1939

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

7898
Do not use this space.

96

1. PLACE OF DEATH

(a) County St. Louis — Registration District No. 784

(b) Township Carondelet — Primary Registration District No. 200 — Registered No. 345

(c) or City ~~Jefferson Bks., Mo.~~ (d) Street No. V.ADm. Facility 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 Unavailable (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 362 Willie Waters

(a) Residence, No. 2620 Wash St., St.Louis, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	colored	Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	49	0	26	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ennis, Texas.

FATHER
13. NAME Wash Waters,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dennison, Texas.

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

17. INFORMANT (ADDRESS) Cl. Clerk, Vet. Adm. Facility Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dennison, Texas DATE 2/25/39 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gates Funeral Home St. Louis, Missouri.

20. FILED FEB 25 1939 19 T. R. Meyer M.D. D.P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1938, to February 23, 1939
I last saw him alive on February 23, 1939 Death is said to have occurred on the date stated above, at 10:10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelo-nephritis, bilateral, with calculi, renal, bilateral, multiple.	unkn
Tuberculosis, pulmonary, quiescent	unkn

Other contributory causes of importance: -

Name of operation none Date of -
What test confirmed diagnosis? Was there an autopsy? no.
phys., lab., x-rays.

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) C.W.Hughes, M.D., Chief Medical Officer, Veterans Admin. Facility
(Address) Jefferson Barracks, Missouri.

(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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by James A. Johnson, Registered Apprentice No. ..... working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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

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