

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27392

Registration District No. 791

Primary Registration District No.

Registrar's No. 6892

1. PLACE OF DEATH: 1008

(a) County St. Louis Mo.
 (b) City or town St. Louis Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Lutheran Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Months
 (Specify whether
 In this community 52 YEARS
 years, months or days)

8. (a) PRINT FULL NAME Henry A. Waldau 43

3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife BARBARA
 6. (c) Age of husband or wife If
 alive 72 years
 7. Birth date of deceased Feb 23 1859
 (Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 13
 If less than one day hr. min.

9. Birthplace GERMANY
 (City, town, or county) (State or foreign country)

10. Usual occupation Cabinet Maker11. Industry or business Retired12. Name Frederich Waldau18. Birthplace Ludwigshafen GERMANY
(City, town or county) (State or foreign country)14. Maiden name Sophia Schmidt15. Birthplace GERMANY
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Barbara Waldau(b) Address 3442^a Gasconade17. (a) BURIAL (b) Date thereof Aug 9 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sunset Buryal Park(a) Signature of funeral director Wittmer & Co.(b) Address 10299^s Jefferson(a) AUG 8 1939 (b) J. J. Bruch
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 1
 (c) City or town St. Louis Mo. [15]
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3442^a Gasconade
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? 52 YEARS years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th
 year 1939 hour 4 minute 05 P M.

21. I hereby certify that I attended the deceased from
May 20th, 1939, to August 5th, 1939;
 that I last saw him alive on August 5, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Emile Gargues
of the right foot
 Due to Arterio Sclerosis

Due to MI
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings: Successive gangrene of
 Of operations: several toes, removed
 Of autopsy: as they occurred.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
1

While at work? _____ (Specify type of place)
 (b) Means of injury _____

23. Signature Henry P. Traul (M. D. or other)
 Address 2905 Chrooke Date signed 8/7/39

Duration

2
years

PHYSICIAN

Underline the cause to which death should be charged statistically

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.....

Paul A. Shanklin

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Paul A. Shanklin

Licensed Embalmer No. *3472*

P. O. Address *2999 S. Jefferson*

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.