

REG'D SEP 14 1939 **791**
1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
1500 Cass Ave **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Unknown years, months or days)

3. (a) PRINT FULL NAME Earl Waters, **362**
3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 3rd, 1898
(Month) (Day) (Year)

8. AGE: Years 40 Months 11 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Salesman **9**

11. Industry or business Self

12. Name Elmer Waters **9**

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Wilson,
(City, town, or county) (State or foreign country)

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Royal Goshwin

(b) Address 608 Upper High Street, Vincennes

17. (a) Burial (b) Date thereof Aug. 15th 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cem.

18. (a) Signature of funeral director My Leiden (M.D.) Co

(b) Address 1417 N. Market Street.

19. (a) AUG 15 1939 (b) J. P. Braddock
(Date of local Registrar) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, **25**
(If outside city or town limits, write "RURAL")
(d) Street No. 1735 Market Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 40 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13th
year 1939 hour 7:35 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Oedema of the Brain;
Contrib: Chronic Parenchymatous
Nephritis;

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

Major findings: _____
Of operations _____
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

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

23. Signature Joseph M. Jansen (M. or other)

Address Deputy (name) Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1 X19511

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 Harmon L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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.