REC'D SEP 14 1939

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 27750

Township ..... Primary Registration District No. ..... Registered No. 7250

City St. Louis (No. 4511 Clayton Ave. St. ..... Ward)

2. FULL NAME 340 Carrie C. Waddell

(a) Residence, No. 4511 Clayton Ave. St., 18 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: James V. Waddell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12/26/1868

7. AGE: YEARS 70 | MONTHS 7 | DAYS 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, 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): Wentzville Missouri 0

FATHER

13. NAME: Charles Welker 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 0

MOTHER

15. MAIDEN NAME: Louise Schroeder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Melle Missouri

17. INFORMANT (ADDRESS): Dr. W. A. Hall 1625 Tower Grove Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine Cem. DATE 8/23/1939, 19

19. UNDERTAKER (ADDRESS): Robert J. Ambruster Clayton Road at Concordia Lane

20. FILED AUG 21 1939 J. F. Budick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1 —, 1939, to Aug 20, 1939.
I last saw her alive on Aug 20, 1939. Death is said to have occurred on the date stated above, at 5:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer distal end of Oesophagus	Sept 1-38

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? X ray 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? .....
If so, specify .....
(Signed) W Antoine Hall, M. D.
(Address) 1625 Tower Grove Av

WRITE PLAINLY, WITH UNFADING INK—THIS IS 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.

I X9314

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

Signed Edward K. Bockhorst

Licensed Embalmer No 2502

Post Office Address St. Louis, Mo. Clay