

No. 2
1-10-30
-17-39
(X214)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1 Rev. St. 2/26
711.624 13077
State File No.

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3279

I. 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:
4122-BOTANICAL AVE.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 years, months or days (Specify whether
In this community 20 YEARS
years, months or days)

3. (a) PRINT FULL NAME HOMER F. WALLER

3. (b) If veteran, name war 3. (c) Social Security No. 488-10-1826

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife STELLA WALLER 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Nov 25 1882
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation Stage Hand Operator

11. Industry or business Maplewood Theatre

12. Name Charles H. Waller

18. Birthplace Zanesville Ohio

14. Maiden name Stella Abella Giggles

15. Birthplace Zanesville Ohio

16. (a) Informant Stella Waller

(b) Address 4122 Botanical St. St. Louis Mo

17. (a) Burial (b) Date thereof 4-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director W. S. Woodson
(b) Address 2504 Woodson Rd - Overland Mo.

19. (a) APR 9 1940 (b) J. B. Prudish
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4122-Botanical Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? years.

20. DATE OF DEATH: Month April day 8
year 1940 hour 70 minute 30 A M.

21. I hereby certify that I attended the deceased from April 2, 1940
_____ 19 _____ to Apr. 8 19 40
that I last saw him alive on April 3rd 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Coronary Artery Disease 6 mos.

Other conditions Angina Pectoris of Effort
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 946

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 _____ (Specify type of place) (e) Means of injury _____

23. Signature Douglas A. Liles (M. D. or other) MD
Address 716.6 Manchester Ave. Date signed 4/9/40

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

222
052
9 2 09

35 I 0.8 - 9 #
+ 30396

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address 1504 Woodson Rd. Over

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.