

Registration District No. 17 Primary Registration District No. _____

FILED 46 17 1940

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6141 Elizabeth Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME Anna Waggoner 256

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

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

6. (b) Name of husband or wife Late Otis Waggoner 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 3rd 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name John Boylan
13. Birthplace Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Katie Unknown
15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry C. Waggoner
(b) Address 6141 Elizabeth Ave.

17. (a) Burial (b) Date thereof 6-3-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Allenton Mo.
Kriegshauser Mortuar
18. (a) Signature of funeral director _____
4228 So. Kingshighwa
(b) Address _____

19. (a) JUN 2 1940 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 3
(If outside city or town limits write "RURAL")
(d) Street No. 6141 Elizabeth Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st
year 1940 hour 1 minute P.M. M.

21. I hereby certify that I attended the deceased from 1936, 19____, to May 30, 1940
that I last saw her alive on 5-30-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia 4 days
Myocarditis ch 10 yrs
Due to Encephalitis Epidemica 4 yrs
1936

Due to _____
Other conditions Arterio-Sclerosis 10 yrs
(Include pregnancy within 3 months of death)

Major findings: None 930
Of operations _____
Of autopsy _____
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? _____

23. Signature J. G. Stroman (M. D. number) _____
Address 4448 Shaw Date signed 6-1-40
While at work? _____ (Specify type of place) (e) Means of injury _____

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

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 Edwin M. Bernath

Licensed Embalmer No. 3024

P. O. Address

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.