

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **Saint Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**5622 Delmar Blvd.**  
(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

3. (a) PRINT FULL NAME **Lewis Tyler Waller**

3. (b) If veteran, name war **unknown** 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 **Nellie Waller** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **January 5 1866**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **10** Days **12** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Orange County New York**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Auditor**

11. Industry or business **Superior Ice Company**

12. Name: **Theron Waller**

13. Birthplace **Orange County New York**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elmira Sigler**

15. Birthplace **Orange County New York**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Nellie Waller**  
(b) Address **5622 Delmar Blvd.**

17. (a) **burial** (b) Date thereof **11/20/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **C.R. Lupton & Sons**  
(b) Address **7233 Delmar Blvd.**

19. (a) **NOV 18 1940** (b) *J.P. [Signature]*  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **Saint Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5622 Delmar Blvd.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **17th**  
year **1940** hour **4:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **Sept 13-1940**  
\_\_\_\_\_ 19\_\_\_\_ to **11-17-40**, 19\_\_\_\_;  
that I last saw him alive on **11-17-40**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
**Angina pectoris**  
**Hypertensive heart disease**

Due to **unknown**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 8 months of death)  
**M.I.**  
**V.H.**

Major findings:  
Of operations **none**

Of autopsy **none performed**

Duration  
**unknown**  
**11**  
**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? \_\_\_\_\_ (Specify type of place)  
\_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **H.L. Gibbs** (M. D. or other) **MD**  
Address **5298 1/2 Page Blvd** Date signed **11-18-40**

Dr. F. T. Kibler  
5298 Sprague  
Ca 3370  
1-3 PM

**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: Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address: St Louis Mo

**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.**