2
-40
39
23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40100

LED JAN 15 1941

Registration District No. 7791

Primary Registration District No. 1003

Registrar's No. 9871

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: 4250a Wyoming 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")

(d) Street No. 4250a Wyoming
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lora Waldvogel

3. (b) If veteran, name war ----

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Frank F. Waldvogel

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased January (Month) 20, (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
55	10	9	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) O

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Jeptha Perry D.
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Amanda Wilkerson
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Arthur Waldvogel - Marie Perry
(b) Address 4250 Wyoming St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/40 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Wacker-Helderle
(b) Address 2331 S. Broadway

19. (a) DEC 2 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29 year 1940 hour 5 minute 40 P. M.

21. I hereby certify that I attended the deceased from Sept. 12, 1940, to Nov. 29, 1940, that I last saw her alive on Nov. 29, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage.	3 hrs.
Due to: Hypertension.	Unk.
Due to: Arteriosclerosis.	Unk
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Thos. O. Nee (M. D. or other)

Address 310 2 Ro. Bremond Date signed 11/30/40

(Licensed Embalmer's Statement on Reverse Side)

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 Robert C Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.