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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5106

Registration District No. FEB MAR 25 1941 791

Primary Registration District No.

Registrar's No. 1354

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

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1728 N. Whittier Street 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 35 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1.13

(a) State Missouri (b) County 500

(c) City or town Saint Louis 1711
(If outside city or town limits, write "RURAL")

(d) Street No. 1728 N. Whittier 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Luevinia Waddy

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife Edward

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

7. Birth date of deceased 10 (Month) 2 (Day) 1875 (Year)

8. AGE: Years 65 Months 4 Days 5 If less than one day hr. min.

9. Birthplace Columbia (City, town, or county) / Tenn. (State or foreign country)

10. Usual occupation House work

11. Industry or business

MOTHER FATHER
12. Name JAMES Frierson
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER FATHER
14. Maiden name MARIA Gorden.
15. Birthplace UNKNOWN. (City, town, or county) 9 (State or foreign country)

16. (a) Informant Beatrice Waddy
(b) Address 1728 N. Whittier St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 11 (Day) '41 (Year)
(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director Bennie Love
(b) Address 3103 Washington

19. (a) FEB 11 1941 (Date received local registrar) (b) J. H. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7
year 1941 hour 10.30 minute a M.

21. I hereby certify that I attended the deceased from 1.22 1941 to 2.7, 1941
that I last saw her alive on 2.7, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. Int. Nephritis	2 wks
Due to	
Due to Arteriosclerosis	2 wks
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 0

23. Signature Otto T. Walser MD (M. D. or other)
Address 2904 Park ave Date signed 2/10/41

(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 Melvin Blackburn

Licensed Embalmer No. 3962

P. O. Address.....

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.