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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED AUG 28 1941 791

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23808  
State File No. 6150  
Registrar's No.

Registration District No. 791 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 22 Days  
In this community 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6042 Suburban Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Raymond Waters S  
(b) If veteran, name war None  
(c) Social Security No. 402-03-3107

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 28, year 1941 hour 2:25 minute 00 A. M.  
21. I hereby certify that I attended the deceased from July 7, 1941, to July 28, 1941; that I last saw him alive on July 28, 1941; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Jessie Waters  
(c) Age of husband or wife if alive 30 years  
7. Birth date of deceased Feb. 9, 1909  
(Month) (Day) (Year)

Immediate cause of death:  
Multiple lung abscesses Duration 4 weeks  
Due to Emboli from osteomyelitis of vertebrae non tuberculous  
Due to Persistent sinus tracts following subphrenic abscess after perforated peptic ulcer 4 yrs.  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
32 5 19 hr. min.

Major findings:  
Of operations Pleural effusion at side 2 yrs. ago  
Left side 1 yr. ago  
Of autopsy Not permitted  
Underline the cause to which death should be charged statistically.

9. Birthplace Missouri (City, town, or county) (State or foreign country)  
10. Usual occupation Sheet Metal Worker

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name John Waters  
13. Birthplace Ill. (City, town, or county) (State or foreign country)  
14. Maiden name Cora Ford  
15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie waters  
(b) Address 6042 Suburban Ave.

17. (a) Burial (b) Date thereof July 30, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Jos. W. Clark  
(b) Address 1125 Hodiamont Ave.  
19. (a) JUL 29 1941 (b) F. B. Budich  
(Date received local registrar) (Registrar's signature)

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 F. B. Budich (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Ave. Date signed 7/28/41

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

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**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.....

*A. J. Kelly*

Licensed Embalmer No. 3825

P. O. Address 1125 Hodiament Ave.,

**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, fact should be so stated above.**