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No. 2
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X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23857
State File No. _____
Registrar's No. **6199**

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 **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 **9 Days**
(Specify whether
In this community **49 YEARS**)
years, months or days)

3. (a) PRINT FULL NAME **PATRICK Pat Waldron**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mary Waldron** 6. (c) Age of husband or wife if alive **59** years
7. Birth date of deceased **January 26, 1870**
(Month) (Day) (Year)

8. AGE: Years **71** Months **6** Days **1** If less than one day _____ hr. _____ min.

9. Birthplace **Ireland** (City, town, or county) (State or foreign country) **4**

10. Usual occupation **Painter**

11. Industry or business _____

MOTHER FATHER { 12. Name **Patrick Waldron**
13. Birthplace **Ireland** (City, town, or county) (State or foreign country) **4**
14. Maiden name **Mary Kerwin**
15. Birthplace **Ireland** (City, town, or county) (State or foreign country) **4**

16. (a) Informant **Patrick Waldron**
(b) Address **2728a St. Vincent Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7-30-41**
(Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEMETERY**
18. (a) Signature of funeral director **Arthur J. Donnelly**
(b) Address **3840 Lindell Blvd**

19. (a) **JUL 29 1941** (b) **J. J. Bredek**
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County _____
(c) City or town **ST. LOUIS** (If outside city or town limits, write "RURAL") **229**
(d) Street No. **1110A. South 13th STREET**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **27**, year **1941** hour **8:30** minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from **July 19, 1941** to **July 27, 1941** that I last saw him **im** alive on **July 27, 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized Arterio-sclerosis**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy **As Above**

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 **R. J. Maxmiller** (M. D. or other) **D**
Address **1515 Lafayette Avenue** Date signed **7/28/41**

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4840 Lafayette

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.