

No. 2
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5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9356
State File No. 2178
Registrar's No.

MED APR 8 1942
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
(c) Name of hospital or institution: BARNES HOSPITAL
(d) Length of stay: In hospital or institution
In this community

3. (a) PRINT FULL NAME Thomas Alexander Waters
3. (b) If veteran, name war. --
3. (c) Social Security No. ?

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Waters
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Jan. 15th. 1880

8. AGE: Years Months Days If less than one day
62 1 21 hr. min.

9. Birthplace Sedalia Missouri

10. Usual occupation Chemist

11. Industry or business

MOTHER FATHER { 12. Name John Waters
13. Birthplace Unk. Tennessee
14. Maiden name Emily Mcvey
15. Birthplace Unavailable

16. (a) Informant William H. Waters
(b) Address 4300 St. Ferdinand Ave.

17. (a) removal (b) Date thereof 3-10-1942
(c) Place: burial or cremation Sedalia, Missouri

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) MAR 10 1942 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 4300 St. Ferdinand Ave.
(e) Citizen of foreign country? No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1942 hour 9 minute 25 P.M.

21. I hereby certify that I attended the deceased from March 6, 1942, to March 6, 1942, that I last saw him alive on March 6, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Tumor of left kidney (malignant)
Duration

Due to

Due to

Other conditions: 57 51 A
(Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy: Renal Cell Carcinoma
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

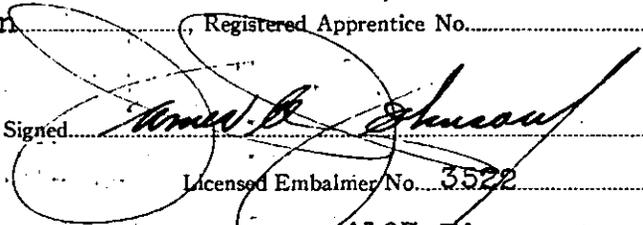
While at work? (Specify type of place) (e) Means of injury

23. Signature F.R. Bradley (M. D. or other)
Address BARNES HOSPITAL Date signed

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.....
..... James A. Johnson, Registered Apprentice No.....
working under my personal supervision.

Signed.....



.....
Licensed Embalmer No. 3522.....

P. O. Address 4107 Finney Ave. St. L.

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.