

FILED JAN 19 1943 8

Registration District No. ....

Primary Registration District No. 1000

Registrar's No. 283

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:  
St. Anthony Hospital.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... (Specify whether  
 In this community..... (Specify whether  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State, Missouri (b) County.....  
 (c) City or town, St. Louis,  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3400 So. Grand Blvd.  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Farrel R. Waters  
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan. day 10th  
 year 1943 hour 2 minute P. M.

4. Sex Male 5. Color or face White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Bernice 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased Dec - 11 - 1885  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 9 to Jan 10 1943  
 that I last saw him alive on Jan 9 1943  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death.....

8. AGE: Years Months Days If less than one day  
57 0 29 hr. min.

Ac Congestive Heart Failure  
 Due to Myocarditis  
 Due to Coronary Sclerosis  
 Other conditions (include pregnancy within 3 months of death)  
 Major findings: Of operations.....  
 Of autopsy.....

9. Birthplace New Madrid Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Auto Agency.  
 11. Industry or business Retired 12 yrs.

MOTHER FATHER  
 12. Name Samuel A. Waters  
 13. Birthplace New Madrid Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Watson  
 15. Birthplace New Madrid Missouri  
 (City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
9.2

16. (a) Informant Rose Mary Waters  
 (b) Address 5787 Watermann Ave.

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) Means of injury.....

17. (a) Removal (b) Date thereof Jan. 11, 1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Malden, Missouri.

18. (a) Signature of funeral director Gibben-Berry Mortuary  
 (b) Address 2842 Mergamec St.  
 19. (a) JAN 11 1943 (b) J. F. Bueck  
 (Date received local registrar) (Registrar's signature)

23. Signature J. F. Bueck (M. D. or other)  
 Address Miss. Club Bldg. Date signed 1/10/43

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

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed .....

*Joe S. Benz*

Licensed Embalmer No. 4249  
2842 Meramec St.  
P. O. Address St. Louis, Mo.

**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.**