

FILED MAR 11 1943

Registration District No. 284

Primary Registration District No. 200

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 months
(Specify whether years, months or days) 16 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Hammel Place
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Mayme E. Waggoner

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 19 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Plainview Ill Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____
12. Name Benj. Franklin Waggoner
13. Birthplace Jersey Co. Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ellen Davis
15. Birthplace Jersey Co. Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. H. Maffey
(b) Address 873 E. Big Rock Rd
17. (a) burial (b) Date thereof 3/2/43.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director MILBERG FUNERAL HOME
(b) Address WEBSTER GROVES, MO.
19. (a) MAR 3 1943 (b) C. L. McLaurin, Jr.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 year 1943 hour 6:30 minute A M.
21. I hereby certify that I attended the deceased from 1-1-42 to 2-28, 1943.

that I last saw her alive on 2-26, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion sudden

Due to Chr. myocarditis ?
Due to arteriosclerosis ?

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 93d
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
Signature C. H. Denny (M. D. or other) MD
Address Crane Court, St. Louis Date signed 2-28-43

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

Guy W. Wilkinson

Licensed Embalmer No.

3575

P. O. Address.....

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.