

32566

No. 2  
-2-43  
1-1-43

SEP 25 1943

317

Primary Registration District No. 2067

Registrar's No. 2137

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 9/13/1943  
(Specify whether In this community since 9/13/43. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 096

(c) City or town Sherman  
(If outside city or town limits, write "RURAL")

(d) Street No. Box #56  
(If rural, give location)

(e) Citizen of foreign country? - No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Charles Waddell

3. (b) If veteran, name war Spanish-American

3. (c) Social Security No. 008-07-1714

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18th,  
year 1943 hour 9:55 minute A.M.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced remarried Married

6. (b) Name of husband or wife Katy Waddell

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased March 1, 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from September 13, 1943 to September 18, 1943  
that I last saw him alive on September 18, 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

69 6 17 hr. min.

Immediate cause of death CEREBRAL ARTERIOSCLEROSIS. Duration UNKNOWN

9. Birthplace Troy, Kansas.  
(City, town, or county) (State or foreign country)

Due to -

Due to -

10. Usual occupation Guard

Other conditions Hypostasis, pulmonary, secondary to cerebral arteriosclerosis UNKNOWN  
(Include pregnancy within 3 months of death)

11. Industry or business Carbine Sand & Gravel Co.

Major findings: Of operations None.

Of autopsy No autopsy.

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name George Waddell

13. Birthplace Troy, Kansas  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Haytan

15. Birthplace Troy, Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk

(b) Address Vet. Adm. Fac., Jeff. Bks., Mo.

17. (a) Burial (b) Date thereof Sept. 22, 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glencoe, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(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?

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballwin, Mo.

19. (a) SEP 23 1943 (b) E. J. McLaughlin, M.D.  
(Date received local registrar) (Registrar's signature)

While at work (Specify type of work) Chief Medical Officer

23. Signature L. M. COCHRAN, M.D. (M. D. or other)  
Address Vet. Adm. Fac., Jeff. Bks., Mo. Date signed 9/18/43

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

600

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..... *William J. Thrans* .....

Licensed Embalmer No. *4319* .....

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.**

Registration District No. 317 Primary Registration District No. 2067

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Veterans Administration Facility  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Waddell  
(b) If veteran, name was Spanish-American (c) Social Security No. 908-07-1714

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 1 1874  
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 11 (less than one day) \_\_\_\_\_ min.

9. Birthplace Kansas (City, town or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town or county) (State or foreign country)

14. Maiden name \_\_\_\_\_ (City, town or county) (State or foreign country)

15. Birthplace \_\_\_\_\_ (City, town or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (Burial, cremation, or removal) (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_  
18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Sherman  
(If outside city or town limits, write "RURAL")  
(d) Street No. Box #56 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. 18  
year 1943 hour 5:55 A.M. minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him/her alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis  
Hypostasis, pulmonary, secondary to  
cerebral arteriosclerosis  
Due to automobile accident--  
Ran off roadway 170c-8  
Due to \_\_\_\_\_ 28

Other condition (Exclude pregnancy within 3 months of death) \_\_\_\_\_

Other findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Aug-30-1943

(c) Where did injury occur? St. Louis Co. Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place  
While at work? No. (Specify type of place) (e) Means of injury Roadway

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

**SUPPLEMENTARY**  
*This information taken from the accident report from the Missouri State Highway Department.*

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

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

