

S. No. 2
M-9-4-41
v. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 24 1944
Registration District No. 317

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 45250
Registrar's No. 122

Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town CLAYTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 HOURS
(Specify whether years, months or days)
In this community 13 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96
(c) City or town Webster Grove 7
(If outside city or town limits, write "RURAL")
(d) Street No. 211 Bumpart Ave 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George E Waite

3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-26-0525

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MILDRED H WAITE 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased 5 (Month) 20 (Day) 1906 (Year)

8. AGE: Years 37 Months 7 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation CLERK

11. Industry or business CITY OF WEBSTER GROVE

12. Name HARRY M WAITE

13. Birthplace BLOOMINGTON ILL
(City, town, or county) (State or foreign country)

14. Maiden name ETHEL DOLCH

15. Birthplace BLOOMINGTON ILL
(City, town, or county) (State or foreign country)

16. (a) Informant Hubert H Waite

(b) Address 211 Bumpart Ave

17. (a) Burial (b) Date thereof 1-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawell Hill Gardens

18. (a) Signature of funeral director WEBSTER FUNERAL HOME

(b) Address WEBSTER GROVE, MO

19. (a) JAN 18 1944 (b) E. J. McCarren, Jr
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 1 day 13 year 1944 hour 12 minute 35 P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death. Result of automobile collision while riding as a passenger in an automobile on a public highway. Due to: _____

Due to: Fracture of skull; Subdural hematoma; Bruising of brain;

Other conditions: crushing injury of chest; laceration of liver; external

Major findings: lacerations & abrasions
Of operations _____
Of autopsy Yes 1700-6
22

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

(a) Accident, suicide, or homicide (specify) Accident 096

(b) Date of occurrence January 12, 1944

(c) Where did injury occur? Brentwood, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place
(Specify type of place)

23. Signature V. S. Neugebore 3
(City or town) (County) (State) (M. D. or other)

Address Kirkwood, Mo. 1-14-44 Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

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MOTHER FATHER

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

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 *John M. Meyer*
Licensed Embalmer No. *3288*
P. O. Address *Kirkwood, 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.