V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

#39564

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8345

FILED MAR 23 1945

Registration District No. 318 Primary Registration District No. 106 Registrar's No. 2305

1. PLACE OF DEATH:

(a) County
(b) City or town St.Louis,Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St.Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2847 Lyons
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward Waldhaus

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Nellie

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Oct (Month) 17 (Day) 1858 (Year)

8. AGE: Years 86 Months 4 Days 21 If less than one day hr. min.

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

10. Usual occupation Painters

11. Industry or business

FATHER
12. Name George F. Waldhaus
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Gosser
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Nellie Waldhaus
(b) Address 2847 Lyons

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 14 (Day) 45 (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) MAR 12 1945 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th year 1945 hour 6:30 minute P M.

21. I hereby certify that I attended the deceased from 3/4/45, 19..., to 3/9/45, 19...; that I last saw him alive on 3/9/45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

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

23. Signature [illegible] (M. D. or other)
Address 1515 Lafayette Date signed 3/10/45

(Licensed Embalmer's Statement on Reverse Side)

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.