

FILED JAN 5 1946  
318

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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:  
Missouri Pacific 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 \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis  
(c) City or town Overland  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8414 Alburn Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William O Waggoner  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Edith Waggoner  
6. (c) Age of husband or wife if alive ? years  
7. Birth date of deceased Nov. 1, 1868.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 1 19 hr. min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Mo. Pacific R.R.

12. Name Waggoner

13. Birthplace Don't Know  
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know  
(City, town, or county) (State or foreign country)

16. (a) Informant Phillip Waggoner  
(b) Address 1279 Hamilton Ave.

17. (a) Burial (b) Date thereof Dec. 22/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pacific, Missouri.

18. (a) Signature of funeral director Jos. W. Clark  
(b) Address 1125 Hodgsonmont Ave.

19. (a) DEC 21 1945 (b) J. F. Bradeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 20  
year 1945 hour 3 minute 10 AM  
21. I hereby certify that I attended the deceased from December 19  
19, 1945 to December 20, 1945  
that I last saw him alive on December 19, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Duration 7 days

Due to Arteriosclerotic Heart Disease 10 yrs?

Due to \_\_\_\_\_

Other conditions 9/5  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Robert H. Army (M. D. or other) \_\_\_\_\_  
Address St. Louis, Mo Date signed 12/20/45

**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 *Alfred J. Poedel*

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament Ave.

**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.**