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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14167

Registration District No. 206 Primary Registration District No. 5749 Registrar's No. 2

1. PLACE OF DEATH:
(a) County Madison
(b) City or town "RURAL" — POLK
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether In this community 2 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County —
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 4259 Maryland (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Raymond Charles Waelder
3. (b) If veteran, name war World War II
3. (c) Social Security No. Unknown
4. Sex MALE
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive None years
7. Birth date of deceased January (Month) 30, (Day) 1921 (Year)

8. AGE: Years 26 Months 2 Days 27 If less than one day hr. min.

9. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Stock clerk
11. Industry or business None
FATHER
12. Name Earl Waelder
13. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Clara Deaver
15. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Ruth Waelder
(b) Address 4259 Maryland, St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation Hannibal, Mo.
18. (a) Signature of funeral director Sam Dajin, Jr.
(b) Address Fredericktown, Mo.
19. (a) 4-30-1947 (Date received local registrar) (b) Florence Vickers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27 day April year 47 hour minute P. M.
21. I hereby certify that I attended the deceased from no, 19, to no, 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Accidental Drowning	
Due to	
Due to	
Other conditions (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) Accidental Drowning
(b) Date of occurrence Apr 27 - 47
(c) Where did injury occur? Madison Co (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place of fishing (Specify type of place)
While at work? (e) Means of injury
23. Signature J. E. Brenger (M. D. ~~or other~~)
Address Fredericktown Mo. Date signed 5-3-47

(Licensed Embalmer's Statement on Reverse Side)

Coroner

JUN 23 1947

JUL 14 1947

JUL 11 1947

RECEIVED

District Health Officer No. 4

District File Number 547-666

Date Filed 5-12-47

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 Sam Najim, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.