S. No. 2
I—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29622
Primary Registration District No. 1003
Registrar's No. 3168

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: JEWISH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether
In this community 29 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 22 NIOLA DRIVE
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSEPHINE AUGUSTA WALDRON
3. (b) If veteran, name war NO
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife DANIEL WALDRON
6. (c) Age of husband or wife if alive years
7. Birth date of deceased AUG-15-1876 (Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 11 If less than one day — hr. — min.

9. Birthplace ST LOUIS (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business —
MOTHER 12. Name SAMUEL RODGERS
FATHER 13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name UNKNOWN
MOTHER 15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant MRS JOSEPHINE WEHMEIER
(b) Address 9026 ARGYLE DR.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG-29-1947 (Month) (Day) (Year)
(c) Place: burial or cremation LAKE CHARLES CEM
18. (a) Signature of funeral director Parker Funeral Home
(b) Address Webster Groves MO
19. (a) AUG 28 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 26 year 1947 hour 7:15 minute 15 P.M.
21. I hereby certify that I attended the deceased from May 1 1947 to August 26 1947; that I last saw her alive on August 26 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage new	1 day
old	4 mths
Due to Arteriosclerosis	10 yrs
Due to diabetes ?	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Coronary sclerosis. Cerebral hemorrhage.	

PHYSICIAN — Underline the cause of 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? (e) Means of injury
23. Signature Lewis Littmann (M. D. or other) MD
Address 8231 Clayton Rd. Date signed 8/27/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Clayton R W of N & S Rd

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.