No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7157

FILED FEB 20 1948

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 1235

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 2517 W. St. Louis Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2517 W. St. Louis Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James William Waddington.
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 Married
6. (b) Name of husband or wife Mary Waddington
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Aug. 1, 1866. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
81	6	3	hr. min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Barth Waddington
13. Birthplace England
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Theresa Pendergast
15. Birthplace New York
(City, town, or county) (State or foreign country)
16. (a) Informant Charles B. Waddington
(b) Address 3923 Beachwood Ave.,
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 7/48. (Month) (Day) (Year)
(c) Place: burial or cremation Mexico, Mo.
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,
19. (a) FEB 5 (Date received local registrar) (b) J. F. Bracht (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4 year 1948 hour 11.25 minute P.M.
21. I hereby certify that I attended the deceased from Jan. 29, 1947, to Feb. 4, 1948 that I last saw him alive on Feb. 4, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Dilatation	7 days
Due to Chronic Myocarditis	4 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy no

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 Fred H. Haag (M. D.)
Address 2249 St. Louis ave Date signed 2/5/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DR. Fred H. Krug,
2249 St. Louis Ave.,
CE.1810. 1-2 or 6-8 P.M.

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 S. Dennehy

Licensed Embalmer No. 4194

P. O. Address St. Louis, 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.