No. 2
-1/47
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. 10791

FILED APR 3 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2782

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: Alexian Brothers Hospital
(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 Missouri (b) County St. Louis 96

(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1100 Lindbergh Highway 3
(If rural, give location)
(Maryhurst Normal)

(e) Citizen of foreign country? (Yes or No) 1
If yes, name country N.R.

3. (a) PRINT FULL NAME Brother William Raymond Waldeck S.M.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 2 (Day) 1865 (Year)

8. AGE: Years 82 Months 11 Days 17 If less than one day hr. min.

9. Birthplace Baltimore (City, town, or county) Maryland (State or foreign country) 1

10. Usual occupation Teacher

11. Industry or business

FATHER
12. Name Valentine Waldeck
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Mary Nosh
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Bro. Julius Kreschel
(b) Address Kirkwood, Mo. (Maryhurst Normal)

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Maryhurst Cemetery

18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.
(b) Address 7814 S. Broadway

19. (a) MAR 22 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1948 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from Feb 19, 1948 to Mar 19, 1948 that I last saw him alive on Mar. 18, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart Disease	yrs
Due to: Sen. arteriosclerosis	yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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 0

23. Signature R. A. Mezera (M. D.)
Address 539 N. Broad Date signed 3/19/48

Jefferson City Printing Co.

(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. Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.