

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

10783
State File No. 3162

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION: PARK LANE HOSPITAL		d. STREET ADDRESS (If rural, give location) 108 No. Kingshighway Blvd.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) EDWARD	b. (Middle) LEROY	c. (Last) WAGGONER.	(Month) APRIL	(Day) 7,	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 28, 1863	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired; Grain Broker;		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) near Waggoner, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Waggoner.	13b. MOTHER'S MAIDEN NAME Sarah unknown	14. NAME OF HUSBAND OR WIFE Ella C. Waggoner.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry Beckmann; American Hotel.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute dilatation of heart.		
	ANTECEDENT CAUSES Hypostatic pneumonia. DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Chronic myocarditis.		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No surgery.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 13, 1949 to April 7, 1949 that I last saw the deceased alive on April 7, 1949, and that death occurred at 9:25 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Thomas J. Smith</i>	23b. ADDRESS 4930 Lindell Boulevard	23c. DATE SIGNED 8-7-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/9/1949	24c. NAME OF CEMETERY OR CREMATORY Hillsboro, Illinois

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 7 1949 <i>J. B. Sasser</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

JAN 14 1950

1 to 4

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

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.