

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35683

318

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State File No. 8793
Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 8793		Registrar's No.	
1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis			c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5361 Easton Ave.					e. STREET ADDRESS (If rural, give location) 5361 Easton Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) Emma			b. (Middle)		c. (Last) Waters		4. DATE OF DEATH (Month) (Day) (Year) Oct. 12 1949		
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) widowed		8. DATE OF BIRTH Sept. 26 1868		9. AGE (In years last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kansas			12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Wakefield Williams			13b. MOTHER'S MAIDEN NAME Irene Bryant		14. NAME OF HUSBAND OR WIFE Ray Glint, 4321a Penrose				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ray Glint 4321a Penrose				
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, asthenia, etc. It means the disease, injury, or complication which caused death.									
MEDICAL CERTIFICATION									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Blood cell carcinoma of liver metastases</i>					INTERVAL BETWEEN ONSET AND DEATH 7-10-49				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					DUE TO (b)				
DUE TO (c)									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Senility</i>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							
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) 52				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 191X				
22. I hereby certify that I attended the deceased from 2-10, 1949, to 10-12, 1949, that I last saw the deceased alive on 10-11, 1949, and that death occurred at 4:10 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>W.E. Martin MD</i>					23b. ADDRESS 5410 W. Florissant			23c. DATE SIGNED 10-12-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10/14/49		24c. NAME OF CEMETERY OR CREMATORY Memorial Park			24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		
DATE REC'D BY LOCAL 10/13/49		REGISTRAR'S SIGNATURE <i>J. B. ...</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd.				

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

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

Warren A. Carver

Licensed Embalmer No. *3534*

P. O. Address _____

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

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