

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28764  
Registrar's No. 6904

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before a. STATE Missouri b. COUNTY St. Louis (Division)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn 4150	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1140 Olive St.		4. STREET ADDRESS (If rural, give location) 3912 Oakwood Ave.	
3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) B	c. (Last) Waddington
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/14/94
9. AGE (In years last birthday) 56		10. UNDER 1 YEAR Months	11. UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Credit Manager		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mexico, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Waddington	13b. MOTHER'S MAIDEN NAME Mary Pendergrass
14. NAME OF HUSBAND OR WIFE Myrtle Waddington		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I	16. SOCIAL SECURITY NO. 488-09-0926
17. INFORMANT'S SIGNATURE OR NAME Myrtle Waddington		17. ADDRESS 3912 Oakwood	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary Thrombosis; Myocardial Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 4201	
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)	
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? L1110X	
22. I hereby certify that I attended the deceased from 7/2, 1946 to 8/1, 1950, that I last saw the deceased alive on 8/1, 1950, and that death occurred at 8:30 A.M. from the causes and on the date stated above.			
23a. SIGNATURE <u>Stan Salerno</u>	23b. ADDRESS 732 St. Louis Rd.	23c. DATE SIGNED 8/18/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/16/50	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. AUG 14 1950	REGISTRAR'S SIGNATURE <u>J B Parson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave.	

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

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

C.N. Salerno D.O.  
7320 Florissant Rd.  
Hrs. 9-12 2-5 6-9

OCT 2 1950

*General Embalmer's License  
No. 4077*

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 *Blues P. Sadwell*

Licensed Embalmer No. *4077*

P. O. Address \_\_\_\_\_

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.