

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35430**
Registrar's No. **9124**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo.** c. LENGTH OF STAY (in this place) _____

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Firmin Desloge Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE **Mo.** b. COUNTY _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **1905a South 11th**

d. STREET ADDRESS (If rural, give location) **23 St. Louis, Mo.**

3. NAME OF DECEASED
a. (First) **Mary** b. (Middle) _____ c. (Last) **Waller**

4. DATE OF DEATH (Month) (Day) (Year) **10-26-50**

5. SEX **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Widow**

8. DATE OF BIRTH **1-24-84** **9. AGE (In years last birthday)** **66**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **House-wife** **10b. KIND OF BUSINESS OR INDUSTRY** **at home**

11. BIRTHPLACE (State or foreign country) **St. Louis Mo.** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

13a. FATHER'S NAME **Geo. W. Greene** **13b. MOTHER'S MAIDEN NAME** **Marie GARNO** **14. NAME OF HUSBAND OR WIFE** **FRANK**

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 **Lawrence O'Hearn** **ADDRESS** **1314 1/2 Allen Ave**

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **UREMIA**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **CHRONIC PYELONEPHRITIS?**

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **HYPERTENSIVE CARDIOVASCULAR DISEASE**

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____

20. AUTOPSY? YES NO

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** NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **Good**

22. I hereby certify that I attended the deceased from **10-12-50**, 19____, to **10-26-50**, 19____, that I last saw the deceased alive on **10-26-50**, 19____, and that death occurred at **1:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **M. E. Goehausen M.D.** **23b. ADDRESS** **1325 S. Grand, St. Louis 4, Mo.** **23c. DATE SIGNED** **10-27-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **10-30-50** **24c. NAME OF CEMETERY OR CREMATORY** **Resurrection** **24d. LOCATION (City, town, or county)** **St. Louis County Mo.** **(State)** _____

DATE REC'D BY LOCAL REG. **OCT 27 1950** **REGISTRAR'S SIGNATURE** **J. B. Leater** **25. FUNERAL DIRECTOR'S SIGNATURE** **McLaughlin Fun. Hse** **ADDRESS** **23-1 Lafayette**

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

H. V. Farris

Signed.....
Student Embalmer

Licensed Embalmer No. *3384*

P. O. Address *A. Lewis*

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.