

WAGGENER
FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6765

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 1262

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1262				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY		
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2-yrs.		c. CITY OR TOWN St. Louis		2209				
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of Poor				d. STREET ADDRESS (If rural, give location) 3225 N. Florissant Ave.						
3. NAME OF DECEASED (Type or Print) Catherine			a. (First) J. J. W. W.		c. (Last) Waggener		4. DATE OF DEATH (Month) (Day) (Year) Feb. 6, 1951			
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. 2		8. DATE OF BIRTH Dec. 21, 1868		9. AGE (In years last birthday) 82	10. IF UNDER 1 YEAR Months 1	11. IF UNDER 5 YEARS Days 15	12. IF UNDER 15 YEARS Hours	13. IF UNDER 25 YEARS Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Timothy Callahan			13b. MOTHER'S MAIDEN NAME Anna Ward			14. NAME OF HUSBAND OR WIFE John B. Waggener				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mr. John M. Callahan, 5208 Gresham Ave.				ADDRESS		
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) Chronic Myocarditis Antecedent Causes Sensitivity Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Upper Respiratory Infection DUE TO (c) None						INTERVAL BETWEEN ONSET AND DEATH 6 days 4222		
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE None		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 None		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 Jan 31, 1951, to Feb 6, 1951, that I last saw the deceased alive on Feb 3, 1951, and that death occurred at 1:55 P.M., from the causes and on the date stated above.										
23a. SIGNATURE (Print or print) [Signature]					23b. ADDRESS 2435 N. Grand Blvd			23c. DATE SIGNED 2-7-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 9, 1951		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
DATE REC'D BY LOCAL REG. FEB 8 1951		REGISTRAR'S SIGNATURE J. B. Laater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur J. Donnelly 3840 Lindell Bl. vd.					

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

Thomas R. Fenwick

Signed.....
Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3846 Lindell

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.