

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25436**
Registrar's No. **5804**

FILED JUL 16 1951		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5804				
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 township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2029		d. STREET ADDRESS (If rural, give location) 6120 Wanda Av.				
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hosp.				3. NAME OF DECEASED a. (First) Barbara (Type or Print) b. (Middle) c. (Last) Waldau				4. DATE OF DEATH (Month) (Day) (Year) June 28 1951		
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH June 11 1867		9. AGE (In years last birthday) Months Days 84		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) O'Fallon Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Philip Beck			13b. MOTHER'S MAIDEN NAME Christina Nees			14. NAME OF HUSBAND OR WIFE Henry G. Waldau				
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. no.		17. INFORMANT'S SIGNATURE OR NAME Herbert K. Waldau				ADDRESS 6120 Wanda Av.		
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) BRONCOPNEUMONIA BILAT						INTERVAL BETWEEN ONSET AND DEATH 2 DAYS		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cerebral Thrombosis LT						10 DAYS		
		DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE						3 YRS		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Arteriosclerosis Generalized								
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? H2O						
22. I hereby certify that I attended the deceased from 2-4- 19 48 , to 6-28- 19 51 , that I last saw the deceased alive on 6-28- 19 51 , and that death occurred at 3:14 A. m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) James J. Gaul M.D.				23b. ADDRESS 2838 So. Grand Blvd.			23c. DATE SIGNED 6/28/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-30-51		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Pk.		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.				
DATE RECEIVED BY LOCAL REG. JUN 28 1951		REGISTRAR'S SIGNATURE J. Blasater			25. FUNERAL DIRECTOR'S SIGNATURE Witt Bros. & H. Co.				ADDRESS 2929 S. Jefferson	

(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.....

Harold C. Witt

working under my personal supervision.

Student Embalmer No.....

Signed.....

Edgar F. Witt

Signed.....
Student Embalmer

Licensed Embalmer No. *2117*

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.