

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

39879

State File No.

FILED DEC 1 1951

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10403

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10403			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 12 hours		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2829			
d. FULL NAME OF HOSPITAL OR INSTITUTION: DePaul Hospital				d. STREET ADDRESS (If rural, give location) 4878 Bircher Blvd.					
3. NAME OF DECEASED (Type or Print) Dave			a. (First)		b. (Middle)		c. (Last) Waters		
4. DATE OF DEATH November 21, 1951.			5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower		
8. DATE OF BIRTH January 17, 1875			9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) England 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Rod Waters			13b. MOTHER'S MAIDEN NAME Hannat Mumford			14. NAME OF HUSBAND OR WIFE deceased.			
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. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Frank H. Pepmiller 4878 Bircher Blvd. ADDRESS				
18. CAUSE OF DEATH Enter only one cause per line for (a); (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Septic ulcer</i>						INTERVAL BETWEEN ONSET AND DEATH <i>Many years</i>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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>Myocardial coronary disease</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) _____					
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? <i>57400</i>					
22. I hereby certify that I attended the deceased from Jan 1950, to 11/21, 1951, that I last saw the deceased alive on 11/21, 1951, and that death occurred at 5:41 p. m., from the causes and on the date stated above.									
23a. SIGNATURE <i>M. D. D.</i> (Degree or title)				23b. ADDRESS <i>3633 N. Newton</i>		23c. DATE SIGNED <i>11/23/51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>11-26-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Lebanon Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Overland, Missouri.</i>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D. R.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Math Hermann & Son, Inc. 2161 E. Fair Ave.</i>							

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 *Harold G. Burnley* _____

Licensed Embalmer No. *#302* _____

P. O. Address *St. Louis, Mo.* _____

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.