

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22788**  
Registrar's No. **6254**

**JUL 15 1952**

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) **Park Lane Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE \_\_\_\_\_ b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis Mo.**  
d. STREET ADDRESS (If rural, give location) **4901 A Easton ave**

3. NAME OF DECEASED  
a. (First) **Mayme** b. (Middle) \_\_\_\_\_ c. (Last) **Waters**

4. DATE OF DEATH (Month) (Day) (Year)  
**June 30 1952**

5. SEX **Female**  
6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**Married**

8. DATE OF BIRTH **Feb. 28 1882**

9. AGE (In years last birthday) **70**  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 100 HRS: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Housewife**

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country)  
**St. Louis Mo.**

12. CITIZEN OF WHAT COUNTRY?  
**U**

13a. FATHER'S NAME  
**Theodore Nunneman**

13b. MOTHER'S MAIDEN NAME  
**MaryAnn Richter**

14. NAME OF HUSBAND OR WIFE  
**T.B. Waters**

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 ADDRESS  
**T.B. Waters 4901 A Easton 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, asthma, 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  
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.

INTERVAL BETWEEN ONSET AND DEATH  
**Several days**

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?  
**4222**

22. I hereby certify that I attended the deceased from **6-20-1952** to **6-30-1952**, that I last saw the deceased alive on **6-30-1952** and that death occurred at **12:30 p.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
**Clara E. Kane M.D.**

23b. ADDRESS  
**706 Walton**

23c. DATE SIGNED  
**7-1-52**

24a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24b. DATE  
**7-3-1952**

24c. NAME OF CEMETERY OR CREMATORY  
**Calvary Cem**

24d. LOCATION (City, town, or county) (State)  
**St. Louis Mo.**

DATE REC'D BY LOCAL REG.  
**JUL 1 1952**

REGISTRAR'S SIGNATURE  
**Carl Smith MD**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**Sullivan 2849 N. Euclid ave.**

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Clyde Kane  
Winton x Belton  
Walton  
Ro 1686



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

*Frances Williamson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3565

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.