

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8880
Registrar's No. 8880

FILED OCT 15 1953

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>2269</u> D. TOWN <u>St. Louis</u> <u>0</u>	
c. LENGTH OF STAY (In this place) <u>1 Y. 5 M. 23</u>		d. STREET ADDRESS (If rural, give location) <u>26</u> <u>1525 Agnes Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITY INFIRMARY HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>GUSTAVE</u>	b. (Middle) <u>LEONARD</u>	c. (Last) <u>WAECKERLY</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>9</u> <u>11</u> <u>1953</u>

5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u> <u>2</u>	8. DATE OF BIRTH <u>Oct. 19 1875</u>	9. AGE (In years last birthday) <u>77</u>	10. IF UNDER 1 YEAR Months	11. IF UNDER 1 HR. Hours	12. IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Freight Handler</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>American Express Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>? Waeckerly</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>LENA</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Viola Schwab</u>	ADDRESS <u>1522 Agnes Street</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arteriosclerosis</u>	DUPLICATE		
ANTECEDENT CAUSES <u>None</u>	DUPLICATE		
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUPLICATE		
II. OTHER SIGNIFICANT CONDITIONS <u>None</u>	DUPLICATE		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
		<u>4:50:0</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Mar. 18, 1952, to Sept. 11, 1953, that I last saw the deceased alive on Sept. 11, 1953, and that death occurred at 7:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Henry Esker M.D.</u>	(Degree or title)	23b. ADDRESS <u>5-600 Arsenal</u>	23c. DATE SIGNED <u>9/12/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept. 15 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Bethlehem</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>SEP 14 1953</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Beiderwieden FuH, Inc.</u>	ADDRESS <u>1936 St. Louis Ave.</u>
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S.P. (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

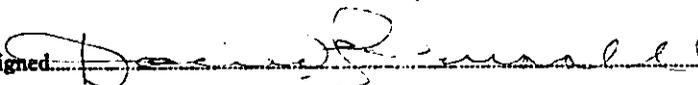
STATEMENT BY LICENSED EMBALMER

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:  _____

Licensed Embalmer No. 45-20

P. O. Address H. County, N.C.

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.