

FILED JUN 24 1954

STANDARD CERTIFICATE OF DEATH

State File No. 21423

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5376

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) 67 y.				c. CITY OR TOWN St. Louis				d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION Marian Hospital				e. STREET ADDRESS (If rural, give location) 24 2825 Osage Street				22490											
3. NAME OF DECEASED (Type or Print) a. (First) Joseph				b. (Middle)				c. (Last) Waser				4. DATE OF DEATH (Month) (Day) (Year) June 13 1954							
5. SEX Male				6. COLOR OR RACE White				7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married				8. DATE OF BIRTH July 16, 1869				9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy-man				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) Switzerland				12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME unknown				13b. MOTHER'S MAIDEN NAME unknown				14. NAME OF HUSBAND OR WIFE Josephine Ashmead											
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 Walter E. Waser				ADDRESS 2825A Osage Street							
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) <u>Hypertensive Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic nephrosclerosis</u> 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							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 442X											
22. I hereby certify that I attended the deceased from <u>January, 1953</u> , to <u>June 13, 1954</u> , that I last saw the deceased alive on <u>June 13, 1954</u> , and that death occurred at <u>10:05 AM</u> from the causes and on the date stated above.																			
23a. SIGNATURE <u>John D. Bowen, M.D.</u>				(Degree or title)				23b. ADDRESS <u>6214 Sunshine Dr.</u>				23c. DATE SIGNED <u>6/13/54</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) removal				24b. DATE June 16, 1954				24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park				24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri							
DATE REC'D BY LOCAL REG. JUN 16 1954				REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>BEIDERWIEDEN F.H. Inc.</u>				ADDRESS 1936S. ST. LOUIS AVE.							

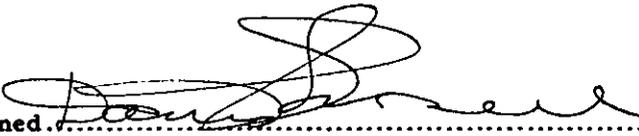
(Licensed Embalmer's Statement on Reverse Side)

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 _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 452

P. O. Address Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.