

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42083

State File No.

FILED JAN 11 1955

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. CITY OR TOWN <u>St. Charles</u>	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 <u>St. Joseph's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>117 Anderson St.</u>	

3. NAME OF DECEASED (Type or Print) <u>ELMER</u>	a. (First) _____	b. (Middle) <u>F</u>	c. (Last) <u>WAYE</u>	4. DATE OF DEATH <u>December 31, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 22, 1892</u>	9. AGE (In years last birthday) <u>62</u>	If UNDER 1 YEAR Months _____ Days _____	If UNDER 1 WEEK Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Union Elect. Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>
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13a. FATHER'S NAME <u>William Waye</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Rabeneck</u>	14. NAME OF HUSBAND OR WIFE <u>Esther Weber Waye</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes WW I</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Esther Waye</u>	ADDRESS <u>St. Charles, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>10 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial Infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Sclerosis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u>		<u>Undet.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>			<u>Undet.</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4201.</u>	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) _____
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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? _____
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22: I hereby certify that I attended the deceased from Dec. 10, 1948, to Dec. 31, 1954, that I last saw the deceased alive on Dec. 30, 1954, and that death occurred at 5:00 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>R. C. McArthur</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>St. Charles, Missouri</u>	23c. DATE SIGNED <u>Jan. 3, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 2, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Charles, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-11-55</u>	REGISTRAR'S SIGNATURE <u>Lynda H. Bridges</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur C. Bess</u>	ADDRESS <u>St. Charles, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 18 1955

MAR 22 1955

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 *Clarence M. Bills*.....

Licensed Embalmer No. *4378*

P. O. Address *St. Charles*.....

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.