

10.300
10.48

THE DIVISION OF HEALTH OF MISSOURI

FILED FEB 27 1956

STANDARD CERTIFICATE OF DEATH

State File No. **7343**
Registrar's No. **1246**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1246	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 20a		c. CITY OR TOWN Kirkwood		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				e. STREET ADDRESS (If rural, give location) 115 Scott Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) Ewing c. (Last) Waddock			4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1956				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 10, 1887		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 6 Days 21	IF UNDER 24 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 St. Louis Mo.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME John Wilkinson		13b. MOTHER'S MAIDEN NAME Margaret Ewing		14. NAME OF HUSBAND OR WIFE Francis B. Waddock			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Francis B. Waddock ADDRESS 415 Scott - Kirkwood			
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) Ventricular fibrillation				INTERVAL BETWEEN ONSET AND DEATH 1 hour	
*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. Chronic myelocytic leukemia				4 yrs.	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		433.1		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None			
22. I hereby certify that I attended the deceased from Jan 1952 to Feb 4, 1956 that I last saw the deceased alive on Jan 27, 1956 , and that death occurred at 1:15 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Herbert C. Meigs, M.D.				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED Feb 4, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-6-56	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24d. LOCATION (City, town, or county) (State) Kirkwood Mo.		
DATE RECEIVED BY LOCAL REG. FEB 6 1956		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Lucia H. Bopp, Inc ADDRESS Kirkwood Mo.			

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

(Licensed Embalmer's Statement on Reverse Side)

MAY 11 1951

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..... *Felicio Hernandez*

Licensed Embalmer No...30

P. O. Address... *Kankakee*

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.