No. 300
10-48

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7608

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 548 Registrar's No. 448

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webster Groves 19, Mo.
c. LENGTH OF STAY (in this place): 2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Glenwood Sanatarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: MADISON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Godfrey
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print)
a. (First): Blanche
b. (Middle): G.
c. (Last): WATERS

4. DATE OF DEATH (Month) (Day) (Year): Feb 14 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 2, 1868
9. AGE (In years last birthday): 87 — If under 1 year: Months 8, Days 12 — 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: at Home
11. BIRTHPLACE (State or foreign country): ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joseph Peters
13b. MOTHER'S MAIDEN NAME: Ellen Collins
14. NAME OF HUSBAND OR WIFE: William L. 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.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Chas. Dietrich — ADDRESS: 1011 Minnesota Edwardsville

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 4-6 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis — many yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: — 3311X
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): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* July 1, 1955, *to* Feb 14, 1956, *that I last saw the deceased alive on* Feb 14, 1956, *and that death occurred at* 8:24 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm. M. Irvin, M.D.
23b. ADDRESS: 1300 Grant Rd, Webster Groves, Mo.
23c. DATE SIGNED: 2-14-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb 16-56
24c. NAME OF CEMETERY OR CREMATORY: St Patrick's
24d. LOCATION (City, town, or county) (State): Godfrey Ill.

DATE REC'D BY LOCAL REG.: 2-16-56
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D. Sr.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Staten Fun. Home, Alton, Illinois

(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 .....
Student Embalmer

Signed.....

Licensed Embalmer No.....

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.