

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>915 N. GRAND. ST. LOUIS, MO</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>JENNINGS</b> <b>4148</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA. HOSPITAL</b> Length of stay in lb <b>15 HRS. 5 MIN.</b>		d. STREET ADDRESS <b>7302 SAPPHIRE</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>ALBERT</b> Middle <b>W.</b> Last <b>WAGGONER</b>			4. DATE OF DEATH <b>OCTOBER 7, 1956</b> Month <b>OCTOBER</b> Day <b>7</b> Year <b>1956</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>KENYON 10-16-96</b>
9. AGE (In years last birthday) <b>59</b>		10. KIND OF BUSINESS OR INDUSTRY <b>BUILDING TRADE</b>	11. BIRTHPLACE (City and state or country) <b>PACIFIC, MISSOURI</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ROOFER</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>WILLIAM WAGGONER</b>		14. MOTHER'S MAIDEN NAME <b>ELIA FANGER</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES VA WW 2</b>		16. SOCIAL SECURITY NO. <b>494-10-0815</b>	
17. INFORMANT <b>VA HOSPITAL RECORDS, 915 N. GRAND.</b>		Address <b>ST. LOUIS, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hemorrhage with aspiration of blood</b> DUE TO (b) <b>Carcinoma of upper lobe of left lung</b> DUE TO (c) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>16.3.4</b>			INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>  <b>11 mos.</b>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. <b>VA</b> attended the deceased from <b>10-6-56</b> to <b>10-7-56</b> and last saw <b>him</b> alive on <b>10-7-56</b> Death occurred at <b>10:45</b> A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Edwin C. Neville</b> (title) <b>M.D.</b>		22b. ADDRESS <b>VAH. ST. LOUIS, MISSOURI</b>	
22c. DATE SIGNED <b>10-7-56</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Oct. 10, 1956</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>New Picker Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
24. FUNERAL DIRECTOR <b>Kriegshauser</b> ADDRESS <b>4228 S. Kingshighway</b>		25. DATE RECD. BY LOCAL REG. <b>OCT 8 1956</b>	
26. REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 CLEARED THROUGH THE CORONERS OFFICE BY DR. NEVILLE ON 10-7-56  
 MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Erwin M. Bennett*

Licensed Embalmer No. 30

P. O. Address .....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**.  
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.