

FILED APR 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

154333
State File No. 3259
Registrar's No.

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
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) ST LOUIS		c. LENGTH OF STAY (In this place) 2 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) RICHMOND HEIGHTS		4505	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) 8718 NASHVILLE AVE			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) LEONARD		c. (Last) WAYMEYER		4. DATE OF DEATH (Month) (Day) (Year) APRIL 2 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG 5, 1889		9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY RESTAURANT OWNER		11. BIRTHPLACE (City and State or Foreign Country) VAN BUREN MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME JOHN WAYMEYER		13b. MOTHER'S MAIDEN NAME SARAH BOYER		14. NAME OF HUSBAND OR WIFE MARY WAYMEYER			
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 ADDRESS MARY WAYMEYER 8718 NASHVILLE			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420.1				INTERVAL BETWEEN ONSET AND DEATH ? 2 days	
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?			
22. I hereby certify that I attended the deceased from 1954, 10, to 4/2, 1957, that I last saw the deceased alive on 4/2, 1957, and that death occurred at about 3 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Samuel E. Schlichter M.D.				23b. ADDRESS 8000 Bonhomme		23c. DATE SIGNED 4/3/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 5	24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEMETERY		24d. LOCATION (City, town, or county) (State) ST LOUIS MO		
DATE REC'D BY LOCAL REG. APR 4 '57		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STOCK MORTUARY 889 S BRENTWOOD BLVD CLAYTON 5			

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

8000 Bonkman
DR SIM SCHEELTER

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 Paul A. Wachter

Licensed Embalmer No. 4787

P. O. Address Albany, Mo

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.