

STANDARD CERTIFICATE OF DEATH

FILED OCT 21 1957

38309

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003

Registrator's No. 9595

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. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b> <b>2069</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>Park Lane Hosp.</b>		Length of stay in 1b <b>24 Hrs.</b>	d. STREET ADDRESS <b>4901a Easton Ave.</b> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>IRA</b> Middle <b>B.</b> Last <b>WATERS</b>			4. DATE OF DEATH <b>10-13-1957</b> Month Day Year		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3-5-????</b>	9. AGE (In years less birthday) <b>23</b> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plasterer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	11. BIRTHPLACE (City and state or country) <b>Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>George Waters</b>			14. MOTHER'S MAIDEN NAME <b>Sally Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>7231 Stanley Ave. Frank Waters, Maplewood, 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>Arterio-sclerotic Heart Disease</b> DUE TO (b) <b>G.I. K</b> DUE TO (c) <b>Joseph M. Turner</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) <b>Soft stool</b> <b>10/15/57</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</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.) <b>No</b> <b>420.0</b>		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. <b>None.</b>					
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. I attended the deceased from <b>10/12/57</b> to <b>10/13/57</b> and last saw her/him alive on <b>10/13/57</b> Death occurred at <b>11:30</b> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>John R. Biscoe</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>2648 Oakview Terr. Maplewood, Mo.</b>		22c. DATE SIGNED <b>10-14-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10-16-1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	
		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>			
24. FUNERAL DIRECTOR <b>JAY B. SMITH, Maplewood, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>OCT 15 '57</b>		26. REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b> <b>mBa</b>	

208.00

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 *J. Allen Davis* .....  
Licensed Embalmer No. *403* .....

P. O. Address *[Signature]* .....

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