FILED NOV 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38672
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2603

1. PLACE OF DEATH
a. COUNTY: ST. LUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Brentwood — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Gould-Worth Nursing Home — Length of stay in Ib: 9days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Kirkwood 4703 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 515 Fillmore — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: LULU — Middle: MARGARET — Last: WAGGONER

4. DATE OF DEATH: Month: Oct. Day: 21 Year: 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: March 23, 1876

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months, Days; 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: None

11. BIRTHPLACE (City and state or country): Chillicothe, Ill.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jacob Wirth

14. MOTHER'S MAIDEN NAME: unknown Bogard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Myron Waggoner, 515 S. Fillmore — Address: Kirkwood, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Lymphadenoma — 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): (Cervical lymph glands - primary)
DUE TO (c): 201X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Chronic myocarditis

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m., Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 7-1-49, to 10-21-57 and last saw her alive on 10/20/57
Death occurred at 2:20 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: D. A. Leslie MD (Degree or title)
22b. ADDRESS: Kirkwood, St. Mo.
22c. DATE SIGNED: 10/21/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10/21/57
23c. NAME OF CEMETERY OR CREMATORY: Chillicothe Cemetery
23d. LOCATION (City, town, or county) (State): Chillicothe, Ill.

24. FUNERAL DIRECTOR — ADDRESS: Pfitzinger Mortuary, Kirkwood, Mo.
25. DATE RECD. BY LOCAL REG.: 10-21-57
26. REGISTRAR'S SIGNATURE: Herbert R. Dunkelmann

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Ben C. Hoffman

Licensed Embalmer No. 43

P. O. Address Glen Co.

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