

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019734
STATE FILE NUMBER

2, 5205
Registration District No.

FILED JUN 15 1959

Registration District No. Primary Registration District No. Registration District No.

| | | | | | | | |
|---|--|---|--|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN ST. LOUIS | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CITY HOSPITAL | | | Length of stay in 1b 25 Yrs. | | | d. STREET ADDRESS 162 St. George (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) First JAMES Middle L. Last WAGGONER | | | 4. DATE OF DEATH Month MAY Day 28, Year 1959 | | | | |
| 5. SEX Male <input type="checkbox"/> Female <input type="checkbox"/> | | 6. COLOR OR RACE White | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH May 16, 1906 | |
| | | | | 9. AGE (In years last birthday) 53 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder | | | 10b. KIND OF BUSINESS OR INDUSTRY American Car | | | 11. BIRTHPLACE (City and state or country) Lynchburg, Tenn. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | | | |
| 13. FATHER'S NAME Joe Waggoner | | | | 14. MOTHER'S MAIDEN NAME Minnie Grammer | | | |
| 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. | | 17. INFORMANT Address Lizzie Waggoner, 162 St. George | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture of Spleen Fracture of Ribs Partial Cirrhosis 904.948 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Multi Focal Lobular | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 20a. ACID BURN SCALD HOMICIDE <input type="checkbox"/> Verdict <input type="checkbox"/> Fracture, Place and Manner of same could not be determined | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 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 333 COUNTY STATE | |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 290 510 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Patrick J. Taylor Carmel | | | | 22b. ADDRESS 1300 Clark | | 22c. DATE SIGNED 6. 1. 59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 6/17/1959 | 23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | | |
| 24. FUNERAL DIRECTOR ADDRESS McLAUGHLIN'S, 2301 Lafayette Ave. | | | | 25. DATE RECD. BY LOCAL REG. JUN 1 '59 | | 26. REGISTRAR'S SIGNATURE W. G. Smith, M.D. | |

(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon typewrite if possible. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed.....
James R. Chapman

Licensed Embalmer No.....
4

P. O. Address.....
St. La

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.