RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-009670
STATE FILE NUMBER

FILED VS FEB 23 1960 360 Registration District No. _____ Primary Registration District No. 6225 Registrar's No. 32

DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Washington Township
Length of stay in 1b: 2 yrs 9mos 25das
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hospital No. 3 Nevada, Missouri
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Reed Hotel - 15th & Pine
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Fred; Middle: M.; Last: Waters

4. DATE OF DEATH: Month: February; Day: 16; Year: 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 7-31-1903
9. AGE (last birthday): 56
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory worker
10b. KIND OF BUSINESS OR INDUSTRY: factory
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: United States

13a. FATHER'S NAME: Fred Waters
13b. MOTHER'S MAIDEN NAME: Emma Budde
14. NAME OF HUSBAND OR WIFE: Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 492-05-3023
17. INFORMANT: Records, State Hospital No. 3, Nevada, Mo.
Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis — many years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 May 22, 1957 to Feb. 16, 1960 and last saw ~~him~~ him alive on Feb. 16, 1960
Death occurred at 1:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: George Oskar M.D. (Degree or title)
22b. ADDRESS: State Hospital No. 3, Nevada, Mo.
22c. DATE SIGNED: 2-16-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2/16/60
23c. NAME OF CEMETERY OR CREMATORY: Bethany Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: Brimmer Funeral Home
ADDRESS: House Springs, Mo.
25. DATE RECD. BY LOCAL REG.: 2-18-1960
26. REGISTRAR'S SIGNATURE: Anna E. Jerry

(Licensed Embalmer's Statement on Reverse Side)

APR 7 1980

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Percy F. Melster

Signature of Student Embalmer

Licensed Embalmer No. 4805

P. O. Address Nevada, M

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