

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41331

FILED NOV 19 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10319**

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, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis, d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS 5525 Alcott Ave. 207 1/2 (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Lee c. (Last) Waller			4. DATE OF DEATH (Month) (Day) (Year) Oct. 29, 1953.		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Apr. 6, 1915.		9. AGE (In years last birthday) 38.		10. 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) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Lee Transport.		11. BIRTHPLACE (City and State or Foreign Country) Desloge, Missouri.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME Albert Waller		13b. MOTHER'S MAIDEN NAME Leona Richardson.		14. NAME OF HUSBAND OR WIFE Emma Waller	
--	--	---	--	---	--

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. Nil.		17. INFORMANT'S SIGNATURE OR NAME Emma Waller		ADDRESS 5525 Alcott Ave.	
--	--	--	--	---	--	------------------------------------	--

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) figonephrosis (calculous) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 10 years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension					

19a. DATE OF OPERATION 10/29/53		19b. MAJOR FINDINGS OF OPERATION Stone + pus in remaining Kidney - Drainage				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 602X			

22. I hereby certify that I attended the deceased from **Oct 28, 1953**, to **Oct 29, 1953**, that I last saw the deceased alive on **Oct 29, 1953**, and that death occurred at **5:30 p. m.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Joseph E. Glenn M.D.		23b. ADDRESS 958 Arca de Bldg		23c. DATE SIGNED 10/30/53	
--	--	---	--	-------------------------------------	--

24. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-31-53		24c. NAME OF CEMETERY OR CREMATORY Marvin Chapel Cem.		24d. LOCATION (City, town, or county) (State) Bonne Terre, Missouri.	
--	--	------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. OCT 30 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington.	
--	--	--	--	--	--	------------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Elton H. Remelius*

Licensed Embalmer No. *4283*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.