# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

22641

1. PLACE OF DEATH

County: St Louis, Mo. Registration District No. 791

Township: Primary Registration District No. 1003

City: (No.) City Infirmary St. Ward)

File No.

Registered No. 6292

2. FULL NAME: Henry Wacker (WACKER)

(a) Residence. No. City Infirmary St., 13 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Mrs Henry Wacker 3327 Olive St.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 10, 1855

7. AGE: ~~76~~ 72 yrs. Years | Months: 3 mon. | Days: 28 days | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Rope Maker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Leschen Rope Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: Jake Wacker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): ? Germany

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): ? Germany

14. INFORMANT: Mrs Henry Wacker
(Address) 3327 Olive St. St Louis, Mo

15. FILED JUL -9 1927, 19 Max C Starkoff, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 8 1927

17. I HEREBY CERTIFY, That I attended deceased from April 5, 1927 to July 8, 1927 that I last saw him alive on July 8, 1927, and that death occurred, on the date stated above, at 12 noon m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

Senile Dementia

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Not Known

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) George H Garrison, M.D.

, 19 . (Address) City Infirmary

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cem.

DATE OF BURIAL: July 11 1927

20. UNDERTAKER: W. A. Stock

ADDRESS: 2117 E Grand Blvd.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD