WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

34800

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St Louis Mo (No. ..... Lutheran Hospital St. ..... Ward)

File No.....

Registered No. 9935

2. FULL NAME Dana Wachter

(a) Residence. No. 6115 S Virginia Ave St. ..... 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. ..... da. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew Wachter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 5 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	6	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

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

(c) Name of employer At Home

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Unknown Shaker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Andrew Wachter
(Address) 6115 S Virginia Ave

15. FILED NOV -7 1927, 19..... Mark Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 4 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1927, to Nov 4, 1927, that I last saw he alive on Nov 4, 1927, and that death occurred, on the date stated above, at 4 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lymphatic Leukemia

(duration) 8 yrs. ..... mos. ..... da.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 6115 Virginia

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Microscopy & Clinical

(Signed) W. E. Holden M.D.

Nov 5, 1927 (Address) 4504 Virginia

*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 St. Peter & Paul Cemt — DATE OF BURIAL Nov 7 1927

20. UNDERTAKER Wm J. Robert — ADDRESS 1905 S Grand Blvd