

21 1928

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

Do not use this space.

2265

1. PLACE OF DEATH

County St Charles Registration District No. 757
Township St Charles Primary Registration District No. 3036
City St Charles (No. 1125 N. 5th) St. 4 Ward 1

File No. _____
Registered No. 11
St. 4 Ward 1

2. FULL NAME

Louis Wackher

(a) Residence. No. 1125 N. 5th St. 4 Ward 1
(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? 62 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Wackher

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16 - 1845

7. AGE YEARS MONTHS DAYS IF LESS than I day, hrs. or min.
82 7 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farming
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ettlingen
(STATE OR COUNTRY) Germany

10. NAME OF FATHER not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) not known

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) not known

14. INFORMANT W. Wackher
(Address) St Louis MO

15. FILED 1-28, 1928 Otto Parkmeier
REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 26 - 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 7th - 1928 to Jan 26th - 1928 that I last saw him alive on Jan 25th - 1928 and that death occurred, on the date stated above, at 6:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

uremia 97
9/10 1928
(duration) yrs. mos. 20 ds.
CONTRIBUTORY Arterio Sclerosis
(SECONDARY) (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. _____

DID AN OPERATION PRECEDE DEATH. no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical Symptoms

(Signed) B. P. Wackher M. D.

1-27th, 1928 (Address) St. Charles MO

*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 Hamburg MO DATE OF BURIAL Jan 28 1928

20. UNDERTAKER Steinbrink Funeral Co ADDRESS St Charles MO

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.

Wentworth