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

Do not use this space.

2892

1. PLACE OF DEATH

County..... Registration District No. 791 File No. 5 976

Township..... Primary Registration District No. 1093 Registered No. 5 976

City St. Louis City Missouri Baptist Hospital (Ward)

2. FULL NAME Albert C. Auchter, Sr.

(a) Residence. No. 4817 Northland Ave. 6 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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): Widower

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 10, 1856

7. AGE: Years 71 | Months 3 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Tailor (Retired)
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rochester
(STATE OR COUNTRY) N. Y.

PARENTS

10. NAME OF FATHER George Auchter

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

12. MAIDEN NAME OF MOTHER Not Known

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

14. INFORMANT David Auchter
(Address) 4817 Northland Ave

15. FILED JAN 14 1928 Mau C Starcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 12 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1928, to Jan. 12, 1928 that I last saw him alive on Jan. 12, 1928, and that death occurred, on the date stated above, at 9:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

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8 2 A

Diabetes Chronic

Mellitus (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Apoplexy Cerebral

Hemorrhage (duration) yrs. mos. 4 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

(Signed) Joseph M. Tingy, M. D.

Jan 12, 1928 (Address) 433 Metropolitan Bldg. St Louis 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: Friedens | DATE OF BURIAL: Jan 15th 1928

20. UNDERTAKER Walter Hermann & Son | ADDRESS 410 3rd West Florissant Ave

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.