

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

Do not use this space.
3665

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township **St. Louis Mo** Primary Registration District No. **1003**
 City **St. Louis Mo** (No. **Alexian Bros Hospital** Ward)

File No. **7-263**
 Registered No. **263**

2. FULL NAME

Anton Wachter
 (a) Residence. No. **4806 Eichelberger** St. **15** Ward. (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) **Widower**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov 14-1860**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 1 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Tailor**
 (b) General nature of industry, business, or establishment in which employed (or employer) **Lesse Tailoring Co.**
 (c) Name of employer

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

PARENTS
 10. NAME OF FATHER **Unknown**
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Germany**
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER **Unknown**
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Unknown**
 (STATE OR COUNTRY)

14. INFORMANT **Anthony Wachter**
 (Address) **4806 Eichelberger**

15. FILED **-6-1929** **W. C. Standley** REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan. 4 1929**
 17. I HEREBY CERTIFY, That I attended deceased from **Dec. 26**, 1928, to **Jan. 4**, 1929, that I last saw him alive on **Jan. 3**, 1929, and that death occurred, on the date stated above, at **12:15 a.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-pneumonia
7/4 W 107 A (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) **Cerebral hemorrhage**
 (duration) yrs. 1 mos. 7 ds.

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

0 DID AN OPERATION PRECEDE DEATH? **No** DATE OF **-**
 WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS **clinical**
 (Signed) **W. C. Standley**, M. D.

Jan. 4, 1929 (Address) **325 Frisco Bldg**
 *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** DATE OF BURIAL **Jan 7 1929**

20. UNDERTAKER **Mr. Robert** ADDRESS **1905 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.

WRITE MAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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