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

Do not use this space.

2861

96

FEB 23 1931

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township [illegible] — Primary Registration District No. 6248 B — Registered No. 30

City Jefferson Barracks, Mo. (No. U.S. Veterans Hospital, Jefferson Brks, Mo. St. Ward)

2. FULL NAME William G. Lachner.

(a) Residence. No. RFD #1, Clarksburg, Mo. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred un yrs. kn mos. own 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): Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 26, 1896

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
34	3	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Engineer. 34

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

(c) Name of employer Unknown.

9. BIRTHPLACE (CITY OR TOWN) Prairie Home, Mo.
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Henry Lachner.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Prairie Home,
(STATE OR COUNTRY) Missouri.

12. MAIDEN NAME OF MOTHER Emma Atkins.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Prairie Home.
(STATE OR COUNTRY) Missouri.

14. INFORMANT C. H. Smith, Clinical Director.
(Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

15. FILED 1-22 1931 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 21, 1931

17. I HEREBY CERTIFY, That I attended deceased from December 9, 1930, to January 21, 1931 that I last saw him alive on January 21, 1931 and that death occurred, on the date stated above, at 8:15 AM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage.
93A
[illegible]

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Tuberculosis, Pulmonary, chronic Far Advanced, active.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Unknown.

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical, X-Ray and Laboratory Findings.

(Signed) [signature] M.D.
, 19 (Address) W. O. Gibson, Medical Officer In Chg. U.S. Veterans Hospital, Jefferson Barracks, 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: California, Mo. — DATE OF BURIAL: 1/23 1931

20. UNDERTAKER: C. Hoffmeister N & L Co — ADDRESS: 4814 S. Broadway

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.