

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan  
Township.....  
City St. Joseph, (No. St. Joseph's Hospital)

**85**

Registration District No. ....  
Primary Registration District No. 1001

File No. 20681  
Registered No. 699  
St. .... Ward)

**2. FULL NAME**

Louise Caroline Wachter

(a) Residence, No. 2634 State St. St. .... Ward.

(Usual place of abode)  
Length of residence in city or town where death occurred 22 yrs. 50 mos. ds. How long in U. S., if of foreign birth? 63 yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Herman H. Wachter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June, 19, 1853</u>		
7. AGE	YEARS	MONTHS
	<u>78</u>	<u>0</u>
		DAYS
		<u>11</u>
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Proprietor of 1935</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Wholesale &amp; Retail Confectionery Co.</u>
	10. Date deceased last worked at this occupation (month and year) <u>Feb, 1930</u>
	11. Total time (years) spent in this occupation <u>48</u>

12. BIRTHPLACE (CITY OR TOWN) Gofeldt,  
(STATE OR COUNTRY) Germany

13. NAME Henry Hagemler

14. BIRTHPLACE (CITY OR TOWN) Bielefeld,  
(STATE OR COUNTRY) Germany

15. MAIDEN NAME Louise C. King

16. BIRTHPLACE (CITY OR TOWN) Goefeldt,  
(STATE OR COUNTRY) Germany.

17. INFORMANT Ernest H. Wachter  
(ADDRESS) 2634 State St.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Ashland Cem DATE July, 2, 1931,

19. UNDERTAKER Walter Meierhoffer  
(ADDRESS) 1302 Paragon St. St. Joseph, MO.

20. 1 1931 John R. Bender  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 30, 1931 1931

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1931 to June 30, 1931  
I last saw her alive on June 30, 1931. Death is said to have occurred on the date stated above, at 1.55 A.M.  
The principal cause of death and related causes of importance were as follows:

Arricular Fibrillation  
of Heart  
151  
730  
75A  
Other contributory causes of importance:  
Chronic Myocarditis, 1928  
Serulitis  
Chronic Nephritis, 1929

Name of operation none Date of .....  
What test confirmed diagnosis? Phys Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury ....., 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....  
(Signed) J. H. Thompson, M. D.  
(Address) 825 Charles St. St. Joseph, Mo.

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

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.

JUL 22 1931

