

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

Do not use this space.

40527

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36

1. PLACE OF DEATH

County Jefferson
Township Wrenssee
City High Ridge (No. _____)

Registration District No. 425
Primary Registration District No. 5580

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Frank J. Wallach

(a) Residence, No. _____ St. _____ Ward _____

(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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Wallach</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 27, 1870</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>7</u>	DAYS <u>1</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>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Jefferson Co Mo

13. NAME
Joseph Wallach

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Bohemia

15. MAIDEN NAME
Josephine Staschke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Bohemia

17. INFORMANT (ADDRESS)
Ralph Wallach High Ridge

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Martin DATE 12/31 1933

19. UNDERTAKER (ADDRESS)
Stock and Co. St. Louis

20. FILED 12/30 1933 James A. Townsend Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/28/1933

22. I HEREBY CERTIFY, That I attended deceased from 12-28 1933 to 12-28 1933
I last saw him alive on 12-28 1933 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

Acute Myocardial Date of onset 2d
56E
93A
130
Other contributory causes of importance
Myocardial 14

Name of operation None Date of _____
What test confirmed diagnosis? clinical 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. Dalton M. D.
(Address) St. Louis 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.

