

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.

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

Do not use this space.

SEP 19 1934

28120

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

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 M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Bachheltz		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24 '1845		
7. AGE 88	YEARS 2	MONTHS 10

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home	10. Date deceased last worked at this occupation (month and year) 10/1/34
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home	11. Total time (years) spent in this occupation 93

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Berlin, Germany13. NAME
Christopher Herrmann14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Germany

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Germany17. INFORMANT (ADDRESS)
J. P. B. B. B.18. BURIAL, CREMATION, OR REMOVAL (ADDRESS)
Cremated July 26 '3419. UNDERTAKER (ADDRESS)
B. B. B. B.

20. FILED July 26, 1934 Dr. Fred Mull

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)
July 24, 1934

22. I HEREBY CERTIFY That I attended deceased from

July 19, 1934 to July 24, 1934

I last saw him alive on 23 July, 1934. Death is said

to have occurred on the date stated above, at 8:00 A.M.

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

Arteriosclerosis heart

comp. failure and

internal pressure on

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

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 None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Fred Mull

(Address) Grant City, Mo.

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SECRET

Handwritten signature: *Wm. L. ...*

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Johanna Wachtel
Who died at July 24 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 89 Months 2 Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.
at home

Arterio sclerosis heart complications
Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) Germany
Birthplace of father (State or country) Prussia
Birthplace of mother (State or country) Prussia
Principal cause of death: Arterio Sclerosis heart

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ 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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician Dr. Fred Mull, M.D.

Signature of Registrar Fred Mull, M.D. Date filed Nov. 7, 1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh

State Registrar

Special Agent.

Reg. Dist. No. 903

Primary Reg. Dist. No. 62.11

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