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.

OCT 18 1934

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

Do not use this space.

30053

1. PLACE OF DEATH
County Maries — Registration District No. 542 — File No. 46
Township — Primary Registration District No. ~~[illegible]~~ 4322 — Registered No. 6
City Vienna (No. — St. — Ward)

2. FULL NAME William Gerald Lacherth
(a) Residence, No. Vienna 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 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 24 1933
7. AGE YEARS MONTHS 9 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Vienna Mo

FATHER
13. NAME Frank Lacherth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vienna Mo

MOTHER
15. MAIDEN NAME Lillian Lacier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kirkwood Mo

17. INFORMANT (ADDRESS) Frank Lacherth Vienna Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Vienna DATE Aug 23 1934
19. UNDERTAKER (ADDRESS) Neighbors of Family Vienna
20. FILED 9/13/ 1934 Lorenzo M. Eads Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22, 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1934, to Aug 22, 1934
I last saw him alive on Aug 22, 1934. Death is said to have occurred on the date stated above, at 8 45 p m.
The principal cause of death and related causes of importance were as follows:
Diarrhea Eng Enteritis — Date of onset
1193
Other contributory causes of importance
1194
Name of operation — Date of
What test confirmed diagnosis? Clinical — Was there an autopsy?
23. 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
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Joseph L. A. Beuchler, M. D.
(Address) Freeburg Mo