

JUN 13 1935

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

Do not use this space.

18473

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City *St. Louis Mo* (No., Sanitarium St. Ward

File No.
Registered No. **4827**

2. FULL NAME *Moritz Waechter*

(a) Residence, No. *553 1/2 Page* St., *5* Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *50* 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) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Augusta waechter*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 26 1848*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 5 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *musician*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *musician*

10. Date deceased last worked at this occupation (month and year) *about 1920* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *unknown* (STATE OR COUNTRY) *Germany*

13. NAME *Julius Waechter*

14. BIRTHPLACE (CITY OR TOWN) *unknown* (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Wilhemina (2)*

16. BIRTHPLACE (CITY OR TOWN) *unk* (STATE OR COUNTRY)

17. INFORMANT *W F McNamee MD* (ADDRESS) *5400 Arsenal St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Voluntary Crematory* DATE *June 3 1935*

19. UNDERTAKER *Key Heiderer W. Co* (ADDRESS) *1417 N Market St*

20. FILED *JUN - 1 1935* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 31 1935*

22. I HEREBY CERTIFY, That I attended deceased from *March 21 1935* to *May 31 1935*

I last saw h. *alive on May 31 1935* Death is said to have occurred on the date stated above, at *2 a.m.*

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

*Chronic myocarditis
arterio sclerosis*

Other contributory causes of importance:

930

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 *Willhem F McNamee M. D.*

(Signed) *Willhem F McNamee M. D.* (Address) *5400 Arsenal St*

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.

