

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.

Jan 23 1936 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

40923

1. PLACE OF DEATH

County St. Louis  
Township Central  
City Overland

Registration District No. 789  
Primary Registration District No. 6033  
(No. 2608-W-Milton)

File No. \_\_\_\_\_  
Registered No. 309  
St. \_\_\_\_\_ Ward)

2. FULL NAME

(a) Residence, No. 2608-W-Milton 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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Adela P. Wychie</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 28-1868</u>		
7. AGE	YEARS	MONTHS
<u>67</u>	<u>1</u>	<u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shoe Repair man</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>self</u>		
10. Date deceased last worked at this occupation (month and year) <u>March 1935</u>		
11. Total time (years) spent in this occupation <u>10 yrs</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sparta, Ill.</u>		
13. NAME <u>unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____		
15. MAIDEN NAME _____		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____		
17. INFORMANT <u>Adela P. Wychie</u> (ADDRESS) <u>2608 W. Milton</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park Cem</u> DATE <u>Dec. 30</u> 19 <u>35</u>		
19. UNDERTAKER <u>Baumann Bros and Co</u> (ADDRESS) <u>2504 Woodson Rd Overland mo</u>		
20. FILED <u>12-20-1935</u> <u>W. Baechner</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1935 to Dec. 18 1935  
I last saw him... alive on Dec. 18 1935. Death is said to have occurred on the date stated above, at 2:45 A.M.  
The principal cause of death and related causes of importance were as follows:  
Hemorrhage of stomach  
Carcinoma of stomach  
Date of onset 12-17-35

Other contributory causes of importance:  
Cancer of stomach  
Carcinoma of stomach

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? yes

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) Ray A. Waechter M. D.  
(Address) 2438 Woodson Rd Overland mo

