

DEC 27 1937

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

42105

Do not use this space.

1. PLACE OF DEATH

(a) County Perry Registration District No. 657
(b) Township Braggs Primary Registration District No. 5874 Registered No. 15
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ernest F. Wachter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1882
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 6 5
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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) Fratna Mo

FATHER 13. NAME Ben Fischer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

MOTHER 15. MAIDEN NAME Bertha Tobring
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

17. INFORMANT Ernest F. Wachter
(ADDRESS) Altensburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Altensburg Mo DATE Nov 12, 1937

19. FUNERAL DIRECTOR Young & Sons
(ADDRESS) Perryville Mo.

20. FILED 11-9 1937 Holzh G. Schmidt
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 1937

22. I HEREBY CERTIFY, That I attended deceased from March 12th 1937, to November 7th 1937

I last saw h. or alive on November 6th 1937. Death is said to have occurred on the date stated above, at 1:30 P. m.

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

Cerebral Hemorrhage

Atherosclerosis

Arterial Hypertension

Other contributory causes of importance:

Date of onset

7 days3 yrs3 yrs

Name of operation None Date of
What test confirmed diagnosis? P. ex. Was there an autopsy? No

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? No

If so, specify Therese Fischer, M. D.
(Signed) Therese Fischer
(Address) Altensburg, Mo.

STATEMENT BY LICENSED EMBALMER

I, Edward L. Young, Licensed Embalmer No. 2138

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edward L. Young

L. E.
No. 2138 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)