

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

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Do not use this space.

REC'D APR 11 1938

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1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis, (d) Street No. 6435 Wanda St. 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. ds.

2. PRINT FULL NAME

Edward A. Wacker 260  
(a) Residence, No. 6435 Wanda St. St. 2 (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 Male 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 Celeste Wacker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21st 1887

7. AGE YEARS 50 MONTHS 11 DAYS 10 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Real Estate  
9. Industry or business in which work was done, as law mill, bank, etc. Salesman  
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) St. Louis Mo.

FATHER 13. NAME George Wacker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER 15. MAIDEN NAME Mary Fohr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) United States

17. INFORMANT (ADDRESS) Mrs. Ed. A. Wacker 6435 Wanda Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Old S.S. Peter Paul Mch. 4th DATE 3/30/38

19. FUNERAL DIRECTOR (ADDRESS) William Schumacher : 3013 Meramec Street

20. FILED J.F. Bredekamp

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1st. 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1937, to March 1 or March 1, 1938

I last saw him/her alive on March 1, 1938. Death is said to have occurred on the date stated above, at 11/30 am

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

Chronic Myocarditis Date of onset 1937

Other contributory causes of importance: [Signature]

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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.....

(Signed) Andrew J. Gorman, M. D.

(Address) 4602 Grand St. St. Louis, Mo.

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.

MAR 2 1938

4-20-20

**STATEMENT BY LICENSED EMBALMER**

I, Clarence J. Rochow, Licensed Embalmer No. 3093

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Clarence Rochow

Licensed Embalmer No. 3093

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