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.

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

REC'D MAR 13 1939

4549
Do not use this space.

791

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. Lutheran Hosp. 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.

Registration District No. 1003
Primary Registration District No.
Registered No. 1242

260

2. PRINT FULL NAME Theresa M. Wacker
(a) Residence, No. 823 Wilmington Ave. St. 1
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William C. Wacker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 28, 1869

7. AGE: YEARS 70 | MONTHS 0 | DAYS ~~8~~ 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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): Wungartner, Mo. 0

FATHER
13. NAME: Valentine Geiler 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): William Wacker, 823 Wilmington

18. BURIAL, CREMATION, OR REMOVAL
PLACE O. St. Marcus DATE Feb. 9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Wacker-Helderle, 2331 S. Broadway

20. FILED FEB 8 1939 J. F. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1939, to Feb. 6, 1939. I last saw her alive on Feb. 6, 1939. Death is said to have occurred on the date stated above, at 10:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (apoplexy) non-traumatic	1/24/39
Other contributory causes of importance: Hypertention and chronic nephritis	some years

Name of operation: none 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) Otto Vierling, M. D.
(Address) 2221 Cherokee St. St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Robert Cerhuele, or by

Registered Apprentice No....., working under my personal supervision.

Signed Robert Cerhuele

Licensed Embalmer No. 2128

P. O. Address Sthamno

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

If this body is not embalmed, above space should be left blank.