

REC'D JUN 12 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 791  
CERTIFICATE OF DEATH 1008

16736  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No..... Registered No. 4270  
(c) City... St. Louis ..... (d) Street No. 3542a Magnolia ..... 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 <sup>250</sup> William Conrad Joachim

(a) Residence, No. 3542a Magnolia St. 17 (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) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12, 1870  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
68 8 6 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Fireman at Stationery Metropolitan Bldg.  
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)..... Ohio  
(STATE OR COUNTRY)

MOTHER FATHER 13. NAME Conrad William Joachim

14. BIRTHPLACE (CITY OR TOWN)..... Ohio  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Susanne Schmidt

16. BIRTHPLACE (CITY OR TOWN)..... Germany  
(STATE OR COUNTRY)

17. INFORMANT Rosa Albright  
(ADDRESS) 3542a Magnolia

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

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

20. FILED MAY 8 1939 J. D. Budick  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1939 to May 7, 1939

I last saw him alive on May 4, 1939, 19..... Death is said

to have occurred on the date stated above, at 7:35 a. m.

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

Chronic myocarditis,  
To my knowledge, May 4, 1939

Other contributory causes of importance:

Chronic interstitial nephritis,  
To my knowledge, May 4, 1939

Name of operation..... Urinalysis Date of..... No  
What test confirmed diagnosis?..... 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? No

If so, specify (Signed) Octaviano M. D.  
(Address) 320 Metropolitan Bldg.

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.

STATE OF MISSOURI  
DEPARTMENT OF HEALTH

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**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, or by.....

*Frank J. Wyland Sr.*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Frank J. Wyland Sr.*  
20645  
St. Louis, Mo

Licensed Embalmer No.....

P. O. Address.....

**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.)**

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