

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

Do not use this space.

18079

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township Wagon Wheel Primary Registration District No. 3089
City Wagon Wheel (No. _____) St. _____ Ward _____

File No. _____
Registered No. 168
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 925 William St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Emma Wachter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20 - 1874

7. AGE YEARS 66 MONTHS 1 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Black Smith

9. Industry or business in which work was done, as silk mill, 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) Albion Mo. (STATE OR COUNTRY) Mo.

13. NAME Godfrey Wachter

14. BIRTHPLACE (CITY OR TOWN) Peery County Mo. (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Sarah John

16. BIRTHPLACE (CITY OR TOWN) Peery County Mo. (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs Leo Seemans (ADDRESS) Cape Girardeau

18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Girardeau Mo. DATE May 9 40

19. UNDERTAKER Seabough Funeral Home (ADDRESS) Cape Girardeau Mo.

20. FILED 7 - 1940 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 - 7 1940

22. I HEREBY CERTIFY, That I attended deceased from 5 - 7 1940 to 5 - 7 1940

I last saw him alive on 5 - 3 1940 Death is said

to have occurred on the date stated above, at 4:15 p.m.

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

Coronary Thrombosis Date of onset 5-7-40

Other contributory causes of importance: 44 P

Name of operation None Date of _____

What test confirmed diagnosis? History 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) P. A. Ritter M. D.

(Address) Cape Girardeau Mo.

Was embalmed by W.H. Estes
License # 30568
Cape Gir, Mo.