

No. 2
1-4-41
17-39
X28390

FILED AUG 28 1941
Registration District No. 791

Primary Registration District No. 1003

State File No. _____
Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Park Lane Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether _____)

In this community _____
years, months or days) 0

3. (a) PRINT FULL NAME Leo W. Wacker

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 2 D 1900/290
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

50 ----- 8 - 18 - _____ hr. _____ min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business City

12. Name George Wacker

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Jakerst

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Schniedermeier

(b) Address 4102 N 20 Str 1940

17. (a) Burial (b) Date thereof July 28
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch

(b) Address 3516 N 20 Th Str

19. (a) JUL 21 1941 (b) J. W. Wacker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis Mo
(If outside city or town limits, write "RURAL") 9 9

(d) Street No. 4192 N. 20 Th Str
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1941 hour 5 minute 20 A M.

21. I hereby certify that I attended the deceased from 7-19-41 1941 to 7-19-41 1941
that I last saw him alive on July 19 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Brain, cause unknown

Due to Dr. M. J. ...
(TRANSFERRED FROM CITY HOSPITAL TO
Wacker Park Lane Hosp.)

Major findings of operation Heart ...

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

Means of injury _____

Signature J. W. Wacker (M. D. or other) 1

Address 4192 N. 20 Th Str Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

17
9

8

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.....

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

Signed *Harry J Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *732 Jersey*

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, fact should be so stated above.