

S. No. 2  
M-94-41  
7-5-17-39  
PI X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

3794E

State File No. \_\_\_\_\_

FILED NOV 18 1943

318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003 Registrar's No. 9694

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution: DEACONESS HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 DAYS 0  
(Specify whether)

In this community  (Yes or No)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS <sup>096</sup>

(c) City or town ROBERTSON <sup>0</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. SUMMIT AVENUE <sup>NR.</sup>  
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME HENRY FRANK WACHTER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 4 year 1943 hour 1 minute 30 P.M.

3. (b) If veteran, name war NONE

3. (c) Social Security No. 488-05-7692

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased JUNE 28 1910  
(Month) (Day) (Year)

Laber Pneumonia

Due to \_\_\_\_\_

Due to 108

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

33 4 7 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST. LOUIS MO. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation LEADMAN

11. Industry or business MCDONNELL AIRCRAFT

12. Name FRANK WACHTER

13. Birthplace ST. LOUIS MO 0  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Cecelia Wachten

(b) Address Robertson, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Free Free Cemetery

18. (a) Signature of funeral director Blumman Bros. Inc.

(b) Address 2504 Woodson Rd. Overland, MO.

19. (a) NOV 5 1943 (Date received local registration)

(b) J. P. Bedeck (Registrar's signature)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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)

(e) Means of injury \_\_\_\_\_

23. Signature W. Alfred Cherry (M. D. or other) 3

Address Robertson, MO. Date signed 11/5/43

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

880  
117  
9

**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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo.

**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.**