

FILED NOV 20 1943
318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9818

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:
3834 Parnell St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Catherine Waeckerle

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Frederick Waeckerle

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

7. Birth date of deceased Dec. 8 1872
(Month) (Day) (Year)

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

70 10 30 _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Peter Faller

13. Birthplace Unknown Mo. U
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Rehm

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

16. (a) Informant Miss Margaret Waeckerle

(b) Address 3834 Parnell St.

17. (a) Burial (b) Date thereof 11/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) NOV 9 1943 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 3834 Parnell St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7th
year 1943 hour 10:00 AM minute _____ M.

21. I hereby certify that I attended the deceased from November 11, 1943 to November 19, 1943
that I last saw him alive on November 7, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral of Senile Type

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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)

(e) Means of injury _____

23. Signature Paul S. ... (M. D. or other) MD

Address 3703 University Date signed 11/10/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis 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.