

FILED FEB 4 1944
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 855

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:
St Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Weeks
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3103 A Gravois Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Herbert Wachtendorf

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna M 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased: Nov 29 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>I</u>	<u>27</u>	_____ hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business _____

MOTHER FATHER { 12. Name George Wachtendorf

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

14. Maiden name Anna Seicher

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

16. (a) Informant Anna M WACHTENDORF

(b) Address 3103 A Gravois Ave

17. (a) Burial (b) Date thereof Jan 29 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. St Peter & Paul

18. (a) Signature of funeral director Thos. Kutz, Son

(b) Address 2906 Gravois Ave

19. (a) JAN 27 1944 (b) J. Beebech
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1944 hour 4 minute 25 P. M.

21. I hereby certify that I attended the deceased from Jan 26 1944
43 to Jan 26 1944
that I last saw him alive on Jan 26 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pylonephritis & Cystitis

Due to Sahn Borkalis

Due to _____

Other conditions 30
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy No Autopsy

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

(a) Accident, suicide, or homicide (specify) None

(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 Red Mad... (M. D. or other) M.D.
Address 1515 Lafayette Ave Date signed _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

1961 JUN 28 11:43 AM

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.....

Myself

Registered Apprentice No.....

working under my personal supervision.

Signed *André Van Fossan*

Licensed Embalmer No. #4242

P. O. Address 2906 Gravois Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.