. No. 2
I—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4107

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 18

1. PLACE OF DEATH: St Charles
(a) County
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED: 92
(a) State Missouri (b) County St. Charles 9
(c) City or town St. Charles 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1103 Madison Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William F. Achelpohl
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Anna Wiley
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased March 11, 1871
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	10	3	hr. min.

9. Birthplace St. Charles Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Lawyer
11. Industry or business
FATHER
12. Name Henry Achelpohl
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Louise Ossenbrink
15. Birthplace St. Charles Co., Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Anna Achelpohl
(b) Address St Charles Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director Hackmann Baue
(b) Address 376 N 6th St, St Charles Mo
19. (a) Jan 17, 1944 (Date received local registrar) (b) Ernest C. Paule (Registrar's signature)
Marie [illegible] Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14 year 1944 hour 9 minute 50 A. M.
21. I hereby certify that I attended the deceased from Sept 10, 1943, to Jan 14, 1944
that I last saw him alive on Jan 14, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 days
Due to Hypertension	?
Due to Arteriosclerosis	?

Other conditions
(Include pregnancy within 3 months of death)
83a
Major findings:
Of operations
Of autopsy

PHYSICIAN
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature J. [illegible] (M. D. or other) MD
Address St Charles Mo Date signed 1-15-44

(Licensed Embalmer's Statement on Reverse Side)

13 K 0

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.

MAY 10 1949

Signed Arthur C. Baue

Licensed Embalmer No. 3155

P. O. Address St Charles 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.