

FILED SEP 8 1944

Registration District No. **318**

Primary Registration District No. **1003**

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

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: Gietner Home 45000 So. Brdwy.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Year & 3 mo
86-11-21 (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5000 So. Broadway
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elisa Wachter

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

4. Sex female / race white 5. Color or August
6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased Sept. 1st. 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 11 21 _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Diedrich Rueckert

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

14. Maiden name Elise Friederich

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

16. (a) Informant Edward C. Rueckert

(b) Address 3815 Castleman

17. (a) Burial (b) Date thereof 8-25-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director J. F. Bredson

(b) Address 3013 Meramec

19. (a) AUG 22 1944 (Date received local registrar)
J. F. Bredson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22
year 1944 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug. 20, 1944, to Aug. 22, 1944.
that I last saw her alive on Aug. 22, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis Duration 6 yrs.

Due to General Arteriosclerosis

Due to _____

Other conditions Chronic Degenerative Myocarditis
(Include pregnancy within 3 months of death)

Major findings: ↑ 20
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

Signature Hiram L. Lygett (M. D. or other) M. D.

Address 3720 Washington Blvd Date signed 8/22/44

814 (Licensed Embalmer's Statement on Reverse Side)

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.