

No. 2
1-5-43
5-17-39
I X36671

FILED SEP 15 1944

Registration District No. 7777 Primary Registration District No. 6050 Registrar's No. 9

200
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town Rural - Postage Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: West Alton 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community _____ Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. West Alton
(If rural, give location)

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

3. (a) PRINT FULL NAME Died Wankel

3. (b) If veteran, name war World War #2

3. (c) Social Security No. 499-26-9961

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased October 25 1900
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>42</u>	<u>9</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace West Alton Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name Albert Wankel

13. Birthplace West Alton Mo
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Shumack

15. Birthplace West Alton Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Oliver

(b) Address R.R. 1 - Box 370 - Shrewport, Mo

17. (a) Burial (b) Date thereof Aug 22 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ebenezer Cem. West Alton

18. (a) Signature of funeral director H.C. Ballinger & Son

(b) Address 211 N. Second, St. Charles, Mo

19. (a) Aug 23 (b) Mrs. Rose Tarnard
(Date reported local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1944 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from _____
Coroners Viewing of Body
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary occlusion 10 min

Due to _____

Sen. Arterio sclerosis

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

Major findings: _____

Of operations No

Of autopsy No

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 _____

23. Signature A.P. Erich Schurz (M. D. or other)

Address St. Charles Mo Date signed 8/22/44

JAN 16 1949

OCT 20 1949

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 9-14-44

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 John E. Hallmeyer
Licensed Embalmer No. 8951
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.