

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13348

State File No.

FILED MAY 5 1945
Registration District No. 12512

Primary Registration District No. 5428

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Gerald-Mo Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Beard Hosp
(If not in hospital or institution, write street number or location) /
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Five years years, months or days

3. (a) PRINT
FULL NAME

Fred Wahl

3. (b) If veteran,

name was 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 Mary

6. (c) Age of husband or wife if
alive 72 years

7. Birth date of deceased August
(Month)

24 (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>8</u>	<u>3</u>	hr. _____ min.

9. Birthplace

Sarnabat, Dec. (City, town, or country) (State or foreign country) /

10. Usual occupation

Contractor

11. Industry or business

12. Name

Reinhold Wahl

13. Birthplace

Germany (City, town, or country) (State or foreign country) 4

14. Maiden name

Catherine Bongardner

15. Birthplace

Germany (City, town, or country) (State or foreign country) 4

16. (a) Informant

Mrs. Mary Wahl

(b) Address

Gerald Mo.

17. (a)

Burial (Burial, cremation, or removal)

(b) Date thereof April 29 1945
(Month) (Day) (Year)

(c) Place: burial or cremation

St. Pauls German Church Cemetery

18. (a) Signature of funeral director

Ernest R. Pltman

(b) Address

Gerald, Missouri

19. (a)

4/28/45 (Date received local registrar)

(b) Don Owens (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Gerald, Missouri Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) /
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH:

Month April day 27
year 1945 hour 4:30 minute A M.

I hereby certify that I attended the deceased from
April 27 1945
that I last saw him alive on Apr 25 1945
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis Duration Not known

Due to

Due to

Other conditions

Chronic atrophic Arteritis
(Include pregnancy within 3 months of death)

Major findings:

Of operations No Operation

Of autopsy

No 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? _____

23. Signature

Don Owens (M.D. or other)
Address Gerald Mo Date signed 4/28/45

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-4-45

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.....

Ernest P. Oltmann

Licensed Embalmer No.....

4054

P. O. Address.....

Hershey, 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.