

FILED APR 22 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 198

Primary Registration District No. 5719

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Bever Rural
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)
In this community: _____ years, months or days

3. (a) PRINT FULL NAME MARGARET Wächter

3. (b) If veteran, name war: ✓ 3. (c) Social Security No. ✓

4. Sex Female 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: 9-15-1897 (Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days 6 If less than one day: _____ hr. _____ min.

9. Birthplace: Bever Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: domestic

11. Industry or business: _____

MOTHER FATHER {
12. Name: John Wächter
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Agnes John
15. Birthplace: See 1 (City, town, or county) (State or foreign country)

16. (a) Informant: Pauline Wächter

(b) Address: 1803 pine st. St. Louis Mo

17. (a) Burial (b) Date thereof: 3-25-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Charles Cemetery

18. (a) Signature of funeral director: W. Edwards

(b) Address: Bever Mo

19. (a) Mar. 28-46 (b) Winnie L. Rowland (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon
(c) City or town Bever 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 3 day 21 year 1946 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Mar. 21, 1946 to Mar 21, 1946 that I last saw her alive on Mar. 21, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Apoplexy Duration 3 hrs.
Due to: arterial Hypertension 5 yrs.

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

Major findings: Of operations: 1 Of autopsy: 0 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: 2

23. Signature: Dr. R. W. ... Address: Bever, Mo Date signed: 3/24/46

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

RECEIVED

District Health Officer No. 10

District File Number 4-46-779

Date Filed APR 19 1946

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 W. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bewis, 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.