

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 10 1946

Registration District No. 128 Primary Registration District No. 2000

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

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Springfield  
(c) Name of hospital or institution St. Johns Hosp.  
(d) Length of stay: In hospital or institution 2 Hours  
In this community 12 Years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene 39  
(c) City or town Springfield 2  
(d) Street No. 1551 Benton 6  
(e) Citizen of foreign country? (Yes or No) 0

3. (a) PRINT FULL NAME Abe Waghalter  
(b) If veteran, name war No  
(c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug. day 30  
year 1946 hour 5:00 minute P. M.

4. Sex Male 0  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Florence Waghalter  
(c) Age of husband or wife if alive UNK. years  
7. Birth date of deceased Aug. 15, 1883

21. I hereby certify that I attended the deceased from 8/5 1946 to 8/5 1946  
that I last saw him alive on Dead on arrival 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 0 Days 15  
If less than one day hr. min.

Immediate cause of death cerebral hemorrhage massive  
Duration hours

9. Birthplace St. Louis Missouri

Due to  
Due to

10. Usual occupation Optometrist

Other conditions

11. Industry or business

Major findings patient was operated 1 yr ago - strangulated inguinal hernia - excellent recovery

MOTHER FATHER  
12. Name Unknown  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Florence Waghalter  
(b) Address Springfield, Mo.

22. If death was due to external causes, fill in the following:

17. (a) Removal (b) Date thereof 9/1/46

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(c) Place: burial or cremation Kansas City, Mo.  
(a) Signature of funeral director H.H. Lohmeyer

White at work? (Specify type of place)  
(b) Means of injury

(b) Address Springfield, Mo.  
19. (a) 9-1-46 (b) W. R. Handley

23. Signature W. Roland Langston (M. D. or other)  
Address Springfield, Mo. Date signed 9/1/46

OCT 3 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 *Peter E. Hamilton*

Licensed Embalmer No. *3808*

P. O. Address *Springfield, 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.**

+