

No. 2
12-45
17-39
X47070

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8204**
Registrar's No. **111**

FILED APR 15 1947

Primary Registration District No. **3010**

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

1. PLACE OF DEATH:
 (a) County **Cape Girardeau**
 (b) City or town **Cape Girardeau**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **South East Missouri Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **Hospital, 5 Wks.**
5 Weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Charles G. Wachter**
 3. (c) Social Security name war..... No.....

4. Sex **M** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced, **Widowed**
 6. (b) Name of husband or wife **Mary**
 6. (c) Age of husband or wife if alive..... years
14 **1881**
 7. Birth date of deceased **April**
 (Month) (Day) (Year)

8. AGE: Years **65** Months **9** Days **27**
 If less than one day hr. min.

9. Birthplace **Perry Co.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER
 12. Name **William Wachter**
 13. Birthplace **Germany**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Ernestine Bodenschätz**
 15. Birthplace **Germany**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Eldor Wachter**
 (b) Address **Altenburg, Mo.**

17. (a) **Burial** (b) Date thereof **April 4 1947**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Altenburg, Mo.**

18. (a) Signature of funeral director **Wagner**
 (b) Address **Reserveville Mo**

19. (a) **4-7-1947** (b) **G. C. Summers**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Perry**
 (c) City or town **Rural Altenburg**
 (If outside city or town limits, write "RURAL")
 (d) Street No..... (If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **1**
 year **1947** hour **5** minute **20 P.**

21. I hereby certify that I attended the deceased from **2-26**, 19**47**, to **4-5-47**, 19.....
 that I last saw him alive on **4-5-47**, 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death **appoplexy**
Chr myocardiata
 Due to.....
 Due to.....

Other conditions **Prothrombophy**
 (Include pregnancy within 3 months of death)
old fract lumber spine
 Major findings: **1. no hsp**
 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.....

23. Signature **Paul B. ...** (M. D. or other) **MD**
 Address **Cape Girardeau** Date signed **4-4-47**

OCT 21 1947

BOARD OF MISSOURI

RECEIVED

District Health Officer No. 4
District File Number 447-518
Date Filed 4-14-47

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.....

Frederic W. Bane

Registered Apprentice No. 510

working under my personal supervision.

Signed Carroll Young

Licensed Embalmer No. 2138

P. O. Address Berryville

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.