No. 300
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PI 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 9 1948

Registration District No. 3787

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 35239

Registrar's No. 2434

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 296 days (Specify whether In this community 38 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Webster Groves (If outside city or town limits, write "RURAL") 7

(d) Street No. 52 Webster Acres (If rural, give location) 4

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country -

3. (a) PRINT FULL NAME WACHENFELD, Carl H.

3. (b) If veteran, name war WW-I

3. (c) Social Security No. Unk

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lillian Wachenfeld

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased November 5, 1887 (Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 13 If less than one day hr. min.

9. Birthplace Iowa City, Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Surgeon

11. Industry or business -

FATHER
12. Name Philip H. Wachenfeld
13. Birthplace - (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Mary Michels
15. Birthplace Iowa City (City, town, or county) Iowa (State or foreign country) 1

16. (a) Informant Registrar - VAH

(b) Address Jefferson Barracks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-48 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur Donnelly Fun. Home

(b) Address 3840 Lindell, St. Louis, Mo.

19. (a) 10-18-48 (Date received local registrar) (b) Carl A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18 year 1948 hour 6:35 minute p. M.

21. I hereby certify that I attended the deceased from December 26, 1947 to October 18, 1948; that I last saw him alive on October 18, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death DIFFUSE PULMONARY FIBROSIS: CHRONIC PNEUMONITIS, NON-SPECIFIC	Unk
Due to 114e	
Due to Cont. Cause: Cor Pulmonale	Unk
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none

Of autopsy Autopsy performed (See cause of death)

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) no

(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) Means of injury

23. Signature L. E. STILWELL (M. D. or XXXX)

Address VAH, Jeff. Brks., Mo. Date signed 10/18/48

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Kimball

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.