

FILED MAY 10 1949 STANDARD CERTIFICATE OF DEATH

State File No. 12013

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

BIRTH NO. _____		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>5443</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u> <u>31</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural" Roark Twp</u>		c. LENGTH OF STAY (in this place) <u>8 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>"Rural" --Roark Twp</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Highway 19</u> <u>mi. S. of Hermann</u>				d. STREET ADDRESS (If rural, give location) <u>1/2 mi. South of Hermann</u>			
3. NAME OF DECEASED (Type or Print) <u>WILLIAM</u>		a. (First)		b. (Middle)		c. (Last) <u>WACH</u>	
4. DATE OF DEATH <u>April 4 1949</u>		(Month) (Day) (Year)		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 12-1922</u>		9. AGE (In years last birthday) <u>27</u>		IF UNDER 1 YEAR Days IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Restaurant Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u>		11. BIRTHPLACE (State or foreign country) <u>Niagara Falls / N. Y</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Andrew Wach</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Nowrocka</u>		14. NAME OF HUSBAND OR WIFE <u>Josephine Polka</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War 2</u>		16. SOCIAL SECURITY NO. <u>106-16-6525</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Kozlowski Hermann, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>*Auto Accident</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <u>122</u> <u>0</u> <u>30</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Roark Twp Gasconade Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 14 1949 10p m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Overturned Auto</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>August Blumer</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Hermann, Mo</u>		23c. DATE SIGNED <u>4-5-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-6-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Removal to</u>		24d. LOCATION (City, town, or county) (State) <u>Niagara Falls, N. Y. Niagara Falls N.Y.</u>	
DATE REC'D BY LOCAL REG. <u>4/5/49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		GENERAL DIRECTOR'S SIGNATURE <u>August Blumer</u>		ADDRESS <u>Hermann, Mo</u>	

Date Filed 5-9-49
District File Number _____
District Health Officer No. 9,

RECEIVED
MAY 10 1949

W.A.A.

6419

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 _____

..... Student Embalmer No. _____
working under my personal supervision.

Signed
Student Embalmer

Signed Hugott Plummer

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.