

FILED OCT 24 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **33143**

1117

BIRTH NO. _____		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 5134	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural: Washington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural: Washington		
c. LENGTH OF STAY (In this place) 50 Years		d. STREET ADDRESS (If rural, give location) St. Joseph, French Bottoms		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph, French Bottoms		d. STREET ADDRESS (If rural, give location) St. Joseph, French Bottoms		
3. NAME OF DECEASED (Type or Print) a. (First) Frederick		b. (Middle) _____		c. (Last) Wachter
4. DATE OF DEATH (Month) (Day) (Year) Oct. 12, 1949				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 31, 1876	9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Henry Wachter		13b. MOTHER'S MAIDEN NAME Christina Boehner		14. NAME OF HUSBAND OR WIFE Wilhelmina
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. Sophia Freed, St. Joseph, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, Esophagus ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 5 mo.
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from 6-20, 1949 , to 10-12, 1949 , that I last saw the deceased alive on 10-11, 1949 , and that death occurred at 00A m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Harold J. Brumm M.D.		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 10-12-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/14/49		24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery St. Joseph, Mo.
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE Wheaton Bowman Funeral ADDRESS St. Joseph, Mo.		
DATE REC'D BY LOCAL REG. Oct. 17, 1949		REGISTRAR'S SIGNATURE G. B. Jenkins 382		(Licensed Embalmer's Statement on Reverse Side) None

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

Dr. Thomas Lewis

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.

Student
Student Embalmer

Signed *Eugene Wood*

Licensed Embalmer No. *3804*

P. O. Address *319 50th St, St Joseph*

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.