

FILED JAN 28 1952

STANDARD CERTIFICATE OF DEATH

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 82	
1. PLACE OF DEATH a. COUNTY Buchanan 0117				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 80 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117			
d. FULL NAME OF HOSPITAL OR INSTITUTION 509 No. 11th St.				d. STREET ADDRESS (If rural, give location) 509 No. 11th St. 0			
3. NAME OF DECEASED (Type or Print) a. (First) John M		b. (Middle) Stephen		c. (Last) Wachendorffer		4. DATE OF DEATH (Month) (Day) (Year) Jan. 19, 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 26, 1869	
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman		10b. KIND OF BUSINESS OR INDUSTRY Retail Gen. Mase.		11. BIRTHPLACE (State or foreign country) Germany 4	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Lepold Wachendorffer		13b. MOTHER'S MAIDEN NAME Antone Schaff		14. NAME OF HUSBAND OR WIFE Stella Wachendorffer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 487-14-4514		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Stella Wachendorffer St. Joseph			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) stating the underlying cause last. DUE TO (b) Myocardial Insufficiency					
		DUE TO (c) Arteriosclerosis					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221				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) m.		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 7-2-1951 to 1-19-1952, that I last saw the deceased alive on 1-16-1952, and that death occurred at 12:10pm, from the causes and on the date stated above.							
23a. SIGNATURE R. A. Kieker, M.D. (Degree or title)				23b. ADDRESS 745 Bldg - St. Joseph, Mo.		23c. DATE SIGNED 1-21-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 22, 1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Jan. 23, 1952		REGISTRAR'S SIGNATURE 446 Carl P. Casper		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman W. Sidentaden 1802 Union St.			

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

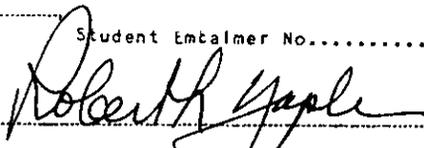
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....


Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.