

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22774**
Registrar's No. **5891**

FILED JUL 9 1952

318 PRIMARY REG. DIST. NO. 1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		Registrar's No.					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			2159				
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4018 Pennsylvania Ave				d. STREET ADDRESS (If rural, give location) 15 4018 Pennsylvania Ave									
3. NAME OF DECEASED (Type or Print) a. (First) Albert			b. (Middle) E.			c. (Last) Waechter			4. DATE OF DEATH (Month) (Day) (Year) 6-23-1952				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 6-25-1867		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days		IF UNDER 1 HS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY Am.R.R.Ass'n				11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Mary C. Waechter					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 718-10-7345		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary C. Waechter 4018 Pennsylvania Av							
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES DUE TO (b) arterial sclerosis Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. 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 3 wks. 4 yrs.			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201									
22. I hereby certify that I attended the deceased from May , 1949, to June , 1952, that I last saw the deceased alive on 6/23 , 1952, and that death occurred at 2:20 P.m. , from the causes and on the date stated above.													
23a. SIGNATURE Ralph Thompson M.D. (Degree or title)					23b. ADDRESS 3606 Gravois St. Louis Mo			23c. DATE SIGNED 6-24-52					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-26-1952		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery			24d. LOCATION (City, town, or county) (State) 5239 W. Florissant Ave						
DATE REC'D BY LOCAL REG. JUN 24 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Ziegenhein Bros			ADDRESS 6409 Gravois Ave					

(Licensed Embalmer's Statement on Reverse Side)

No. 300
 10.48
 3606 Gravois Ave IA 2528
 WRITE PLAINLY—USING UNFADING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Law M. Simon

Licensed Embalmer No. *4343*

P. O. Address *St. Louis 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.