

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 21 1953

State File No. **43454**

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN High Ridge - Meramec		c. CITY OR TOWN High Ridge ⁰⁵⁰⁰	
c. LENGTH OF STAY (in this place) 80 yrs		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R.#1 House Springs, Mo		e. STREET ADDRESS (If rural, give location) R.R.#1 House Springs	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) _____ c. (Last) Wallach			4. DATE OF DEATH December 5, 1953 (Month) (Day) (Year)		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH MAY 30, 1869		9. AGE (In years last birthday) 83		10. UNDER 1 YEAR 6 11. UNDER 1 MONTH 5 12. UNDER 1 HOUR _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY _____		
11. BIRTHPLACE (City and State or Foreign Country) MO.			12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME WENTZEL-WALLACH		13b. MOTHER'S MAIDEN NAME ELENOB - UNKNOWN		14. NAME OF HUSBAND OR WIFE Louise Wallach	
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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. NONE		17. INFORMANT'S SIGNATURE OR NAME Lillian Wallach ADDRESS R.R.#1 House Springs, Mo.	
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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) Coronary Thrombosis ANTECEDENT CAUSES Atherosclerosis Morbid 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	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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	
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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 **7:30** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. B. Edwards, M.D., Coroner		23b. ADDRESS Order Hill - Mo		23c. DATE SIGNED 12/5/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-8-53		24c. NAME OF CEMETERY OR CREMATORY ST. MARTIN'S CEMETERY		24d. LOCATION (City, town, or county) (State) High Ridge, Mo.	
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DATE REC'D BY LOCAL REG. 12-12-53		REGISTRAR'S SIGNATURE Ruth Jivan ⁴³⁸		25. FUNERAL DIRECTOR'S SIGNATURE MEYER-PFITZINGER ADDRESS Kirkwood, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

V.S. No. 300
Rev. 10.48

Sub from query

0500

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 18 1953

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.....
Signature of Student Embalmer

Signed *William H. Fitzgerald*.....

Licensed Embalmer No. *4316*.....

P. O. Address *Werkwood, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.