

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18820

State File No.

No. 4379

Registrar's No.

BIRTH NO.		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No.		No. <u>4379</u>		Registrar's No.					
1. PLACE OF DEATH a. COUNTY <u>Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY											
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>St. Louis</u>				c. CITY OR TOWN <u>St. Louis</u>				d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. LENGTH OF STAY (in this place) <u>9M5days</u>				e. STREET ADDRESS (If rural, give location) <u>3007a Norwood</u>				206/2							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chronic Hospital</u>															
3. NAME OF DECEASED (Type or Print) a. (First) <u>Irene</u>			b. (Middle) <u>Wachtel</u>			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>5/3/56</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>10/10/1906</u>		9. AGE (In years last birthday) <u>49</u>		if UNDER 1 YEAR: MONTHS Days		if UNDER 14 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Order clerk</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Dairy</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Henry Deppe</u>				13b. MOTHER'S MAIDEN NAME <u>Essie Kummermehh</u>				14. NAME OF HUSBAND OR WIFE <u>widow of Harry Wachtel</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>493-20-5349</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chronic Hospital, 5600 Arsenal</u>						ADDRESS			
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) <u>Cranio-pharyngioma of Pituitary</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pituitary</u> 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 <u>1 yr. 11 months</u>			
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?	
22. I hereby certify that I attended the deceased from <u>7/28/55</u> , 19 <u>55</u> , to <u>5/3</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5/3</u> , 19 <u>56</u> , and that death occurred at <u>1:40 P.m.</u> , from the causes and on the date stated above.															
23a. SIGNATURE <u>George M. Traubler, M.D.</u> (Degree or title) <input checked="" type="checkbox"/>						23b. ADDRESS <u>5600 Arsenal</u>				23c. DATE SIGNED <u>May 3, 1956</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 7, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>									
DATE REC'D BY LOCAL REG. <u>MAY 4 1956</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Stock Mortuary, 2117 E. Grand Blvd.</u> ADDRESS <input checked="" type="checkbox"/>									

G.P. (Licensed Embalmer's Statement on Reverse Side)

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

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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..... *Paul A. Wachter*

Licensed Embalmer No. *478*

P. O. Address... *Thomas*

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.