FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3825
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 169

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2014 Ashland Ave. — Length of stay in lb life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph 0117 0 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 2014 Ashland Ave. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Bertha Middle Last Wachter
4. DATE OF DEATH Month Day Year Feb. 12, 1957
5. SEX female
6. COLOR OR RACE white 1
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ 0 DIVORCED ☐
8. DATE OF BIRTH Jan. 31, 1870
9. AGE (In years last birthday) 87 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (City and state or country) St. Joseph, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Henry Wachter
14. MOTHER'S MAIDEN NAME Emma Muster
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) --------
16. SOCIAL SECURITY NO. none
17. INFORMANT John Muster, Address 2903 Sacramento St. Joseph Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Signed as an unattended death in
DUE TO (c) the city of St. Joseph, Mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 493x
INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m., Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I ~~attended~~ viewed the deceased from 2-14-57, to never and ~~last~~ saw her ~~him~~ alive on
Death occurred at 2:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Richard L Maguire M.D. assistant city health officer
22b. ADDRESS Physicians & Surgeons Bldg.
22c. DATE SIGNED 2-14-57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 2/20/1957
23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery
23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
24. FUNERAL DIRECTOR ADDRESS Heaton Bowman, St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG. Feb 20, 1957
26. REGISTRAR'S SIGNATURE Esther M. Allison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

5-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed..William Spalding.....

Licensed Embalmer No.4533

P. O. Address 3195 10th N.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.