

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 96

300
1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. CHARLES</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. CHARLES</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. CHARLES</u> 09230 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOSEPHS HOSP</u> Length of stay in lb <u>18 MIN.</u>		d. STREET ADDRESS (If outside, give location) <u>301 PIKE STR</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>BABY (MALE) WAECHTER</u>			4. DATE OF DEATH Month Day Year <u>APRIL 9 1959</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APRIL 9, 1959</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	9c. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>0 0 0 0 18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	10c. BIRTHPLACE (City and state or country) <u>ST. CHARLES, Mo</u>
10d. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		11. BIRTHPLACE (City and state or country) <u>ST. CHARLES, Mo</u>	
13a. FATHER'S NAME <u>ELROY S. WAECHTER</u>		13b. MOTHER'S MAIDEN NAME <u>MARLENE M. BERLEKAMP</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>ELROY S. WAECHTER ST. CHARLES, Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Atelectasis</u> DUE TO (b) <u>Hydrothorax cause undetermined</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Prematurity</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7625</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 the deceased from <u>4-19-59</u> to <u>4-9-59</u> and last saw her alive on <u>4-9-59</u> Death occurred at <u>10:45 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>[Signature]</u> M.D.		22b. ADDRESS <u>114 N. Main St., St. Chas., Mo.</u>	22c. DATE SIGNED <u>4-10-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>APRIL 10, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FRIEDENS EV. CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>ST. CHARLES Co Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>G. H. PRINSTER ST. CHARLES, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Apr. 10-59</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

PRINSTER-HUGHES F.H. INC.

(Licensed Embalmer's Statement on Reverse Side)

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.

Body not embalmed

C. L. Prineas
Signed

Student
Signature of Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.