

STANDARD CERTIFICATE OF DEATH

State File No. _____

AUG 11 1939

791
1008

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

6334

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (c) Name of hospital or institution: 4746 Dahlia Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

8. (a) PRINT FULL NAME Frank C. Wachtel 234

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Caroline Wachtel 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Aug. 3 1860
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
78 11 14 hr. _____ min.9. Birthplace Bohemia
(City, town, or county) (State or foreign country)10. Usual occupation Machinist

11. Industry or business _____

12. Name Peter Wachtel18. Birthplace Bohemia
(City, town, or county) (State or foreign country)14. Maiden name Katherine Heis
(City, town, or county) (State or foreign country)15. Birthplace Bohemia
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Georgiana Harlow(b) Address 4746 Dahlia Ave.17. (a) Burial (b) Date thereof 7-20-1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New Picker18. (a) Signature of funeral director Wm. Schumacher(b) Address 3013 Meramec St.19. (a) JUL 18 1939 (b) J. F. Cudek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4746 Dahlia Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 50 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th.
year 1939 hour 4 minute 50 A. M.21. I hereby certify that I attended the deceased from June 11 '39
to July 17, 1939, to _____, 19____;
that I last saw him alive on July 16, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Barium of liver
of stomach Duration 6 mos
Due to Primary seat stomachOther conditions Chronic Nephritis 2 yrs.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 46

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature J. P. Keim M.D. (M. D. or other)Address 2730 McNAIR AVE Date signed 7-18-39

DM = Main + Register
10:30-12

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.....

Clarence J. Rochow

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Clarence Rochow

Licensed Embalmer No. 3093

P. O. Address 3013 Meramec St.

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, above space should be left blank.