

OCT 10 1940

Registration District No. 782

Primary Registration District No. 101

Registrar's No. 1755

1. PLACE OF DEATH: St. Louis  
 (a) County Clayton  
 (b) City or town Clayton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Louis County Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 days  
 (Specify whether  
 In this community 32 years  
 years, months or days)

3. (a) PRINT FULL NAME Albert Wachter  
 3. (b) If veteran, name war ?  
 3. (c) Social Security No. 494-83-9277

4. Sex male 5. Color or race white 6. (a) Single, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 17 1908  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>3</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace St. Louis County Mo.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation truck driver  
 11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Otto Washter  
 13. Birthplace Cape Girardeau Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Ida Meyer  
 15. Birthplace Cape Girardeau Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Herbert Wachter  
 (b) Address 297 Frieda, Kirkwood Mo.  
 17. (a) Burial (b) Date thereof 9 17 40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Des Peres Cemetery

18. (a) Signature of funeral director Joseph V. Bopp  
 (b) Address 131-21  
 19. (a) SEP 16 1940 (b) J.R. Meyer  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County St. Louis  
 (c) City or town Kirkwood  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 297 Frieda Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14  
 year 1940 hour 8 minute :45 P.M.  
 21. I hereby certify that I attended the deceased from 9-9-40  
9-14-40, 19\_\_\_\_, to 9-14-40, 19\_\_\_\_;  
 that I last saw him alive on 9-14-40, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Lobar Pneumonia  
Staphylococcus Septicemia  
 Duration  
6 da.  
3 da.

Due to \_\_\_\_\_  
 Due to 108  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy Consolidation of left lower lobe  
400 cc fluid in left chest  
 Underline the cause to which death should be charged statistically.

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?  
707 (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature J. H. Forman (M. D. \_\_\_\_\_)  
 Address St. Louis Co. Hosp Date signed 9/16/40

WRITE PLAINLY—USE 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

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 this body is not embalmed, fact should be so stated above.**