

No. 2
-13-40
17-39
19-40

DEC 16 1940

Registration District No. 475

Primary Registration District No. 5380

Registrar's No. 14-54

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town RURAL - MERAMEC
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST. JOSEPH'S HILL INFIRMARY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 YR., 6 MONTHS, 10 DAYS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME PAUL WACHTER

3. (b) If veteran, name war. NONE

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife KATHERINE BOPP 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased 12 24 1857
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation PRINTER, RETIRED

11. Industry or business NEWS PAPER

MOTHER FATHER { 12. Name PAUL WACHTER

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name BARBARA DECKELMAN

15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Brother Boniventure

(b) Address St. Joseph's Hill Infirmary

17. (a) burial (b) Date thereof Dec 11 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Church

18. (a) Signature of funeral director Frank Seduck

(b) Address 3634 Francis

19. (a) OK 1940 (b) James A. Townsend
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: Jefferson

(a) State MISSOURI (b) County JEFFERSON

(c) City or town KIMMSWICK
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8 year 1940 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 22, 1939, to Dec. 8, 1940, that I last saw him alive on Dec. 7, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis

Due to _____

Due to _____

Other conditions g2w
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
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? 206
(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Jesse S. Sargent (M. D. or other) M.D.
Address Beetha Mo Date signed 12-9-40

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

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.....

Robert Wheeler

Licensed Embalmer No. *2128*

P.O. Address *Wacker Street*

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.