

3-40
7-39
X23189

Registration District No. **7911**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH: *St Louis mo*

(a) County *St Louis*

(b) City or town *St Anthony V. Hosp.*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution *9 days*
(Specify whether years, months or days)

In this community *14 yrs*

3. (a) PRINT FULL NAME *Henry Waeth*

3. (b) If veteran, name war *no*

3. (c) Social Security No. *no*

4. Sex *male*

5. Color or race *W*

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

6. (b) Name of husband or wife *Julia Waeth*

6. (c) Age of husband or wife if alive *79* years

7. Birth date of deceased *May 24, 1857*
(Month) (Day) (Year)

8. AGE: Years *43* Months *5* Days *12* If less than one day hr. min.

9. Birthplace *New Offenb. MO*
(City, town, or county) (State or foreign country)

10. Usual occupation *Rubber*

11. Industry or business

12. Name *David Waeth*

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

14. Maiden name *Theresa Neigenmuller*

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

16. (a) Informant *Mrs. Emma Siebert*

(b) Address *3446 Humphrey*

17. (a) *Burial* (b) Date thereof *12-7-40*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *St. Genevieve MO*

18. (a) Signature of funeral director *Oscar J. Kuffmeister*

(b) Address *4016 Chaperon*

19. (a) *DEC 7 1940* (b) *J. H. Bredeck*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *MO* (b) County

(c) City or town *St Louis* *16*
(If outside city or town limits, write "RURAL")

(d) Street No. *3446 Humphrey*
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *dec* day *6*
year *1940* hour *4* minute *P.* M.

21. I hereby certify that I attended the deceased from *now*
1940 to *dec 6*, 19*40*
that I last saw him alive on *dec 6*, 19*40*
and that death occurred on the date and hour stated above.

Immediate cause of death *hypertension*

Due to *cerebral thrombosis*

Due to *arteriosclerosis + MI*
(complete obliteration of blood vessel)

Other conditions *arteriosclerosis*

Major findings: Of operations *—*

Of autopsy *yes*

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?

23. Signature *St. S. [unclear]* (M. D. or other) *1*
Address *1803 [unclear]* Date signed *12-7-40*

Duration *yes*

PHYSICIAN *—*
Underline the cause to which death should be charged statistically.

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 *Ernest W. Spillers*

Licensed Embalmer No. *4080*

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.