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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 29 [illegible]

Registration District No. 184

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 200

State File No. 22346

Registrar's No. 1336

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County 11

(c) City or town Belleville (If outside city or town limits, write "RURAL") 0

(d) Street No. 200 S. 17th Street (If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Robert J. WAMSER

3. (b) If veteran, name war World

3. (c) Social Security No. Unknown

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife None

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

7. Birth date of deceased Sept. 24, 1886 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
55	55	8	25	hr. min.

9. Birthplace Belleville, Ill. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Foundry Worker

11. Industry or business -

FATHER
12. Name Henry Wamser
13. Birthplace Mascoutah (City, town, or county) Illinois 1 (State or foreign country)

MOTHER
14. Maiden name Anna Becker
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Clinical Clerk, Vet. Adm. Facility,

(b) Address Jefferson Barracks, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 22 42 (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director C. Hoffmeister Ur. & Co.

(b) Address 7814 S. Broadway

19. (a) JUN 20 1942 (Date received local registrar) (b) E. G. McGarvey M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1942 hour 5 minute 50 P. M.

21. I hereby certify that I attended the deceased from June 18, 1942, to June 18, 1942; that I last saw him alive on June 18, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive heart disease with myocardial damage and insufficiency	Unknown
Due to	
Due to	
Other conditions contributory: Infarcts, pulmonary, multiple, bilateral (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations
Of autopsy See cause of death

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? (Specify type of place)

While at work? Means of injury

23. Signature L. M. COCHRAN, M.D., (M. D. or other)

Address Vet. Adm. Facility, Jeff. Brks. Mo. Date signed 6/19/42

707 (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.....

.....m, Registered Apprentice No.....

working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7874 S. Broadway

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.