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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30184

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 197

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days (Specify whether years, months or days)
In this community 62 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Jefferson City, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 1114 Jefferson Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Louise Wachter
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Arnold Wachter
6. (c) Age of husband or wife if alive 93 years
7. Birth date of deceased September (Month) 8 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
78	11	13	hr. min.

9. Birthplace Belgium (City, town, or county) Belgium 4 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
12. FATHER Name Unknown
13. FATHER Birthplace Belgium (City, town, or county) 4 (State or foreign country)
14. MOTHER Maiden name Unknown
15. MOTHER Birthplace Belgium (City, town, or county) 4 (State or foreign country)
16. (a) Informant Mrs May Neubler
(b) Address Jefferson City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 29-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Thos. J. Gordon
(b) Address Jefferson City, Mo.
19. (a) 8-28-42 (Date received local registrar) (b) Thorma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26 year 1942 hour 2 minute 00 M.
21. I hereby certify that I attended the deceased from Aug, 1941, to Aug, 1942 that I last saw him alive on Aug 28-42, 19 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary Heart dis 3 yr
Due to Senility
Due to
Other conditions (Include pregnancy within 3 months of death) 94 a
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Edw Maurer (M.D. or other)
Address Jefferson City, Mo. Date signed 9-28-42

874 (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.....

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

working under my personal supervision.

Signed Louis Guest

Licensed Embalmer No. 4096

P. O. Address Jefferson City

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.