33898

S. No. 2
M—5-42
v. 5-17-39
I X32873

47
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 9 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 144 Primary Registration District No. 5564 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural; Union
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5 miles S.W. of Annapolis
(If not in hospital or institution, write street number or location)

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

In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

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

(d) Street No. 5 miles S.W. of Annapolis
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

47
1
0

3. (a) PRINT FULL NAME Lena Wachtel

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fem

5. Color or race White

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

6. (b) Name of husband or wife Charles Wachtel

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

7. Birth date of deceased May 22 (Month) 1857 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
85	4	17	hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant B.L. Dalzell
(b) Address Annapolis Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10-10-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address P. White Ironton Mo.

19. (a) 10-10-42 (Date received local registrar) (b) Virginia R. Miller (Registrar's signature)

128

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9 year 1942 hour 1 minute 10 P M.

21. I hereby certify that I attended the deceased from Oct. 7, 1942, to Oct. 9, 1942, that I last saw her alive on Oct. 7, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death apoplexy	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83a

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 C. M. Fitzpatrick (M. D. or other)

Address Leadwood Mo. Date signed 10/14/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 3

District File Number 1142-1342

Date Filed 11-6-42

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 J. White

Licensed Embalmer No. 3012

P. O. Address. Boston Mass.

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.