S. No. 2
M—5-43
r. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 25827

FILED AUG 5 1946

Registration District No. 318

Primary Registration District No.

Registrar's No.

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

24676

**1. PLACE OF DEATH:**

(a) County

(b) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 2758 - ALLEN
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 50 YRS.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County 000 17

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 2758 ALLEN
(If rural, give location)

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

If yes, name country

**3. (a) PRINT FULL NAME** MILDA WAECHTLER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 19 (Day) 1873 (Year)

**8. AGE:** Years 72 Months 7 Days 28 If less than one day hr. min.

9. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

FATHER
12. Name UNKNOWN 4
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN 4
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant RINIE WAECHTLER
(b) Address 4329 CONNECTICUT

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof July 20 1946 (Month) (Day) (Year)
(c) Place: burial or cremation CONCORDIA CEM

18. (a) Signature of funeral director Thos. Kuetz & Son
(b) Address 2906 GRAVOIS

19. (a) JUL 18 1946 (Date received local registrar) J. F. Bredick (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 17
year 1946 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 10 1946 to July 17 1946
that I last saw him alive on July 17 - 1946 19
and that death occurred on the date and hour stated above.

Immediate cause of death Metastasis Carcinoma of Stomach

Due to Stomach

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: about 1 year

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 [signature] (M. D. or other) MD
Address 3606 Gravois Date signed 7/18/46

(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 Leo J. Brodde

Licensed Embalmer No. 3989

P. O. Address St. Louis, Mo.

**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.**