

No. 2  
1-5-43  
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

19465

State File No. 5108

FILED MAY 29 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
CITY HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME CHARLES W. WACKER

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife ROSE WACKER 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased 7 - 21 - 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 9 28 hr. min.

9. Birthplace ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation FROZEN FOOD DEALER

11. Industry or business HIMSELF

MOTHER FATHER { 12. Name GEO. L. WACKER

13. Birthplace ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name BERTHA MENTSEL

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

16. (a) Informant LILLIE WACKER

(b) Address 5618 ROSA AVE

17. (a) BURIAL (b) Date thereof 5-22-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LAKE CHARLES CEMETERY

18. (a) Signature of funeral director TRUTH CENTER MORTUARY  
(Specify type of place) While at work? (e) Means of injury

(b) Address 4024 LINDELL BLVD.

19. (a) MAY 22 1947 J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5618 ROSA AVE  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19  
year 1947 hour 8:30 minute A.M.

21. I hereby certify that I attended the deceased from 1939 to 1947  
that I last saw him alive on 16 days and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration Subsidi

Due to Anterior choroid, generalized

Other conditions Hypertension, arterial

Major findings: Of operations..... Of autopsy.....

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 Lev Sittler (M. D. or other) MD

Address 607 N Grand Date signed 19 May 1947

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

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**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..... *Rex E Campbell* .....

Licensed Embalmer No..... *3881* .....

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.**