

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21641**

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 2117	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) Berkley City		c. LENGTH OF STAY (In this place) 6 Months		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION Penn Nursing Home				d. STREET ADDRESS (If rural, give location) 1613a N. 13th. St			
3. NAME OF DECEASED (Type or Print) Henry		a. (First)		b. (Middle)		c. (Last) Wacker	
4. DATE OF DEATH		(Month) 5		(Day) 8		(Year) 51	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH June 21-1864	
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) St. Louis Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Wacker		13b. MOTHER'S MAIDEN NAME Marie Keigland		14. NAME OF HUSBAND OR WIFE late Elizabeth Wacker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Josephine Wachter 1613a N. 13th St			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) mesenteric thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auricular fibrillation + decompensation 6 months DUE TO (c) Arteriosclerotic Cardiovascular disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 day 5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Oct 10, 1950 , to May 8, 1951 , that I last saw the deceased alive on May 8, 1951 , and that death occurred at 11:35 Am. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Lewis Littmann MD				23b. ADDRESS 8231 Clayton Rd (17)		23c. DATE SIGNED 5/9/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-10-1951		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo	
DATE REC'D BY LOCAL REG. 5-9-51		REGISTRAR'S SIGNATURE Herbert R. Dombrowski		FUNERAL DIRECTOR'S SIGNATURE Leidner U. Co		ADDRESS 2223 St. Louis Ave.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.....

Signed.....

John P. Buchholz

Signed.....

Student Embalmer

Licensed Embalmer No. *1674*

P. O. Address *2222 S. L. Spain Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.