

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18649

State File No.

~~FILED~~ MAY 19 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4200**

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
 c. LENGTH OF STAY (in this place) **2 hours**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **City Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri**
 b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
 d. STREET ADDRESS (If rural, give location) **714 O'Fallon Street**

3. NAME OF DECEASED
 a. (First) **RUDOLPH** b. (Middle) _____ c. (Last) **WACHTENDORF**
 4. DATE OF DEATH **May 3, 1952**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **January 24, 1902** 9. AGE (In years last birthday) **50**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Clerk** 10b. KIND OF BUSINESS OR INDUSTRY **Wabash R.R.** 11. BIRTHPLACE (State or foreign country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Henry Wachtendorf** 13b. MOTHER'S MAIDEN NAME _____ 14. NAME OF HUSBAND OR WIFE **Hattie Evans Wachtendorf**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give war or dates of service) **World War II** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Hattie Wachtendorf** ADDRESS **714 O'Fallon 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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Hemorrhage left side; Lx of ribs suffered when struck by auto driven by one Donald Lane, at intersection of Broadway and O'Fallon Sts. about 11:54 pm May 2 1952**
 ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**
 II. OTHER SIGNIFICANT CONDITIONS **O'Fallon St. about 11:54 pm May 2 1952**
 INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **Cerebral embolism** 20. AUTOPSY? YES NO

21a. ACCIDENT, SUICIDE, HOMICIDE **Criminal** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Street** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis Mo**

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY **May 2 5:11 p.m.** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **E 812 4 25**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:50 A.M.**, from the causes and on the date stated above.

22a. SIGNATURE **Catharine Taylor Crowe** (Degree or title) _____ 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **5.5.52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **May 6, 1952** 24c. NAME OF CEMETERY OR CREMATORY **Bardwell Cemetery** 24d. LOCATION (City, town, or county) (State) **Bardwell, Kentucky**

DATE REC'D BY LOCAL REG. **MAY 5 1952** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE **W. A. Stock** ADDRESS **2117 E. Grand Blvd.**

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

Frank A. Moore

Signed.....
Student Embalmer

Licensed Embalmer No. *3041*

P. O. Address *2117 E. 1st*

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.