

STATE OF TEXAS

615-01-2 615-01

CERTIFICATE OF DEATH

STATE FILE NO.

4201 25 74733

1. PLACE OF DEATH a. COUNTY <b>Bexar</b>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Bexar</b>		
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>San Antonio</b>		c. LENGTH OF STAY in 1 b. <b>40 yrs.</b>	c. CITY OR TOWN (If outside city limits, give precinct no.) <b>San Antonio</b>		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Baptist Memorial Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>212 E. Myrtle St.</b>		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			e. IS RESIDENCE INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		f. IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. NAME OF DECEASED (Type or print) [a] First <b>PAUL</b> [b] Middle <b>I.H.</b> [c] Last <b>WACHTEL</b>			4. DATE OF DEATH <b>December 15, 1964</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>April 30, 1888</b>	9. AGE (In years last birthday) <b>76</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pitcher</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Prof Baseball</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Daniel Wachtel</b>			14. MOTHER'S MAIDEN NAME <b>Horian</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes WW I</b>		16. SOCIAL SECURITY NO. <b>465007-9677</b>		17. INFORMANT <b>Bess Wachtel</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Heart Disease</b> Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. } DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____					INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b> <b>10 yrs</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of Item 18.) <b>TEXAS DEPARTMENT OF HEALTH REC'D JAN 5 1965 BUREAU OF VITAL STATISTICS</b>		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month _____ Day _____ Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) _____	
20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____					
21. I hereby certify that I attended the deceased from <b>Nov. 12</b> 19 <b>60</b> to <b>Dec 15</b> 19 <b>64</b> and last saw the deceased alive on <b>Dec 15</b> 19 <b>64</b> . Death occurred at <b>4:25 P</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Arthur B. Taylor M.D.</b>			22b. ADDRESS <b>723 Med Arts Bldg, San Antonio</b>		22c. DATE SIGNED <b>12/17/64</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			23b. DATE <b>December 19, 1964</b>		23c. NAME OF CEMETERY OR CREMATORY <b>San Fernando Cemetery # 2</b>
23d. LOCATION (City, town, or county) (State) <b>San Antonio Texas</b>			24. FUNERAL DIRECTOR'S SIGNATURE <b>Roy Akers Funeral Chapels by Glen Leach</b>		
25a. REGISTRAR'S FILE NO. <b>5305</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>DEC 17 1964</b>		25c. REGISTRAR'S SIGNATURE <b>William Person</b>	

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

Roy Martin  
4103

VS-112, REV. 7/58