

2472

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 228  
Registrar's No. 518  
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location Papago Park, P/W Camp  
(If outside city limits also write RURAL)  
(d) Length of Stay: In Hospital or Institution Approx 16 hrs; In Community Same  
(Specify whether years, months or days); In Arizona Same  
2. Usual Residence of Deceased: (a) State Germany; (b) County Unknown; (c) City or Town Chemnitz  
(If outside city limits also write RURAL)  
(d) Street No. 1 Sebastian Bach Street  
(e) Citizen of foreign country (Yes or No) Yes  
If Yes, which country Germany (c) Social Security No. \_\_\_\_\_

3. (a) FULL NAME Werner Max Henry Drechsler (b) If Veteran name war 1932 (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Race White  Indian  Negro  Oriental  6. (a) Single, married, widowed or divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased Jan 17 1922  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
21 1 24 hrs. 2 min. \_\_\_\_\_

9. Birthplace Unknown Germany  
(City, town or county) (State or Country)

10. Usual Occupation Mechanic

11. Industry or Business German Navy

12. Name Unknown

13. Birthplace Unknown  
(City, town or county) (State or Country)

14. Maiden Name Unknown

15. Birthplace Unknown  
(City, town or county) (State or Country)

16. (a) Informant's own signature Deceased's service  
(b) Address record

17. (a) Burial, Cremation or Removal Removal  
(b) Place Florence, Ariz (c) Date 3/15/44 19\_\_

18. (a) Embalmer's Signature J.M. Mortensen  
(b) Funeral Director Mortensen-Kingsley  
(c) Address 1020 W. Wash.

19. (a) \_\_\_\_\_ (Date received Local Registrar)  
(b) Dr. C. H. Hughes (Registrar's Signature)

19. (a) \_\_\_\_\_ (Date received Local Registrar)  
(b) \_\_\_\_\_ (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 13 March 19\_\_ 44  
TIME (Hour and minute) Approximately 2:00 A.M.

21. I hereby certify that I attended the deceased from Not attended  
\_\_\_\_\_ 19\_\_ to \_\_\_\_\_ 19\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_

and that death occurred on the date and hour stated above.  
Immediate cause of death Strangulation

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

of autopsy Due to strangulation

DURATION

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) Undetermined

(b) Date of occurrence 13 March 1944

(c) Where did injury occur? Papago Park Maricopa Ariz.  
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Prisoner of War Camp  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury Hanging

23. Signature Capt. Claude Stafford M. C. M. D.  
Address Papago Park, P/W Camp, Phoenix, Arizona Date signed 14 March 1944