

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

16586

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis mo No. 5553 Waterman St. _____ Ward _____
Registered No. 4483

2. FULL NAME

Rosalie Livingston Bachenheimer
(a) Residence. No. Bloomington Ill. Ward. _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Bachenheimer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-21-1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>56</u>	<u>10</u>	<u>22</u>	<u>22</u>	<u>=</u>

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

10. NAME OF FATHER Isaac Livingston

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rosa Katz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Harry Livingston
(Address) Bloomington Ill

15. FILED MAY 13 1927 Marie Starkeoff
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-13 1927

17. I HEREBY CERTIFY, That I attended deceased from 4 hrs 1926, to May 12, 1927
that I last saw h. or alive on 5-12, 1927, and that death occurred, on the date stated above, at 12.05 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
50
53 Carcinoma of Breast - (right)

4 1/2 (duration) yrs. mos. ds.
CONTRIBUTOR abdominal Metastasis
(SECONDARY) (duration) yrs. mos. da. 6

18. WHERE WAS DISEASE CONTRACTED Bloomington Ill.
IF NOT AT PLACE OF DEATH. 1 DID AN OPERATION PRECEDE DEATH. Yes DATE OF 1923

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS Microscopic Exam. of Tumor
(Signed) Ernest J. May M. D.
513, 1927 (Address) Lister Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bloomington Ill DATE OF BURIAL 5/10 1927

20. UNDERTAKER Imayer ADDRESS 4316 Lydell

WHILE PEN INK, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

