

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.

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

Morse
6566

MAR 28 1931

1. PLACE OF DEATH
 80 County St. Louis Registration District No. 665
 4 Township Delaware Primary Registration District No. 20321
 8 City St. Louis (No. Bethwell Hospital) St. _____ Ward _____

2. FULL NAME Charles Backman
 (a) Residence. No. _____ St. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 2-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 | 6 | 15

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

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany 10

PARENTS

10. NAME OF FATHER Henry Backman

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

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Not Known

14. INFORMANT Mr. Backman (Address) St Louis Mo

15. FILED 2-18-31 J. L. LOVE REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 17 1931

17. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 1931, (that I last saw him _____ alive on _____, 1931, and that death occurred, on the date stated above, at _____ a.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
influenza

(duration) _____ yrs. _____ mos. 3 da.

CONTRIBUTORY (secondary) gummales aneurism
 (duration) 1 yrs. + mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH: no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) Alfred W. Morse, M. D.
Ev 17, 19 31 (Address) 11104 Delatris Mo

*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 Reedsburg Wis. DATE OF BURIAL Feb 21 1931

20. UNDERTAKER Zillipis ADDRESS Delatris

