

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

Do not use this space.

16338

1. PLACE OF DEATH

County..... Registration District No. 7011
 Township..... Primary Registration District No. 1002
 City St. Louis Mo. (No., Sanitarium St. Ward)

File No.
 Registered No. 4832

2. FULL NAME

Jules Bach
 (a) Residence. No. 4409 N. 2nd St., 13 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 59 yrs. + mos. ds., How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 17, 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	71	8	5	

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

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT John J. Ryan M.D.
 (Address) 5700 Chestnut St.

15. FILED 19 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 - 22 1931

17. I HEREBY CERTIFY, That I attended deceased from 3-12, 1930, to 4-22, 1931, that I last saw h. 5 alive on 4-22, 1931, and that death occurred, on the date stated above, at 12 20 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
and
hypertension (duration) 1 yrs. 1 mos. 6 ds. +
 CONTRIBUTORY (SECONDARY) Senility (duration) 1 yrs. 1 mos. 6 ds. +

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? none
 WHAT TEST CONFIRMED DIAGNOSIS? Chemical
 (Signed) John J. Ryan, M. D.
4-22-1931 (Address) 5700 Chestnut St.

*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 DATE OF BURIAL
Celroy Cemetery Apr 25 1931

20. UNDERTAKER ADDRESS
Strook Carroll 4600
2nd Bldg

