

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

Do not use this space.

6788

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. 3736^a)

Minnesota ave

File No.

Registered No. 1867

St.

Ward)

2. FULL NAME Adolph H. Bachmann

(a) Residence, No. 3736^a

St. 16

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

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

Rose E. Bachmann

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

June 25 - 1895

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, hrs. or min.

36

7

29

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

26

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis, Mo.

MOTHER

FATHER

13. NAME

Chas. Bachmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis, Mo.

15. MAIDEN NAME

Suzie Praechter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis, Mo.

17. INFORMANT (ADDRESS)

Rose E. Bachmann
3736^a Minnesota

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Louis, Mo.

DATE

Feb 27, 1932

19. UNDERTAKER (ADDRESS)

Hacker Helderle
2331 So. Broadway

20. FILED

Feb 26, 1932

Max C. Stark
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from

Jan 25, 1932 to Feb 24, 1932

I last saw him alive on Feb 24, 1932 Death is said

to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial infarction, acute Date of onset 6 days

131

92A

93A

131

Other contributory causes of importance:

Alcoholic Myelitis, chronic 2 yrs

and Chronic Valvular

Disease of Heart 6 yrs

Name of operation..... Date of.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? (C) Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify.....

(Signed) James J. ..., M. D.

(Address) 3844 ...

WRITE PLAINLY, 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.

