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.

OCT 11 1934

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

Do not use this space.

34085

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 3687 Market St St. ..... Ward)

File No. ..... Registered No. 8857

2. FULL NAME Mrs Esther Bachmann

(a) Residence, No. 3687 Market St., 18 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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 William Bachmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12, 1901

7. AGE: Years 33 | Months 7 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 131

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 936

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER

13. NAME George Schultz

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

MOTHER

15. MAIDEN NAME Sophia Sauerbrey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT (ADDRESS) Wm Bachmann 3687 Market St

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Jackson DATE Sept 4 1934

19. UNDERTAKER (ADDRESS) Friedhauser 4407 Manchester

20. FILED OCT 1 1934 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/14, 1932, to 9/1, 1935

I last saw her alive on 8/18, 1934 Death is said to have occurred on the date stated above, at 5 A.m.

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

Myocarditis

Chronic Myocarditis 1 1/2 years

Date of onset

Other contributory causes of importance:

Nephritis Chronic

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

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... 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? .....

If so, specify .....

(Signed) Albert H Zirkel D.C. ~~M.D.~~

(Address) 6920 Virginia Ave