

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

Do not use this space.

OCT 11 1934

34521

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. St. Anthony's Hospital St. _____ Ward _____)

File No. _____
 Registered No. 9327
 _____ St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3734 - Minnesota St. door 24 ward. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Susie Bachmann</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 5-1866</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>5</u>	DAYS <u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Brass Polisher</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>(Retired 12 yrs)</u>		
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) <u>St. Louis Mo</u>		
13. NAME <u>Howard Bachmann</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Charles Bachmann 3734 - Minnesota Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Summit</u> DATE <u>9-24-34</u>		
19. UNDERTAKER (ADDRESS) <u>Wacker, Helderle 2831 Broadway</u>		
20. FILED <u>SEP 22 1934</u> <u>J. Bredeck</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 9-17- 1934 to 9-21- 1934
 I last saw him alive on 9-21- 1934 Death is said to have occurred on the date stated above, at 9:35 m.
 The principal cause of death and related causes of importance were as follows:
Peritonitis Date of onset 36 hrs.
45E
122B
129 HV

Other contributory causes of importance:
Intestinal obstruction 48 hrs.
Cause undetermined
Ca. of liver
 Name of operator Egloff + Cocestomy Date of 9/17/34
 What test confirmed diagnosis? _____ Was there an autopsy? No.

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? No.
 If so, specify _____
 (Signed) W. F. Keen, M. D.
 (Address) 3115 A. Grand

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.

Dr. Hession

3115 S. Grand