FEB 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3070

Township ..... Primary Registration District No. 1303 Registered No. 270

City St. Louis, Mo (No. Luth. Convalescent Home 4359 Taft ave. St. ..... Ward)

2. FULL NAME Elizabeth Bach

(a) Residence, No. 4359 Taft ave St., ~~17~~ Ward. 15 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. 8 mos. 26 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): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12 - 1872

7. AGE: YEARS 63 MONTHS 8 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at the home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. hwf
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 County, Mo.

FATHER
13. NAME John Lochhaas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. M. Methudy 4359 Taft Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Paul's Cemetery Des Peres, Mo DATE January 9, 1936

19. UNDERTAKER (ADDRESS) Biederwieden Funeral Home, Inc 1936 St. Louis Ave

20. FILED JAN - 8 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 7th, 1936

22. I HEREBY CERTIFY That I attended deceased from Feb 1st 1918, to January 7th, 1936
I last saw her alive on Jan 4th, 1936 Death is said to have occurred on the date stated above, at 8:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	24 yrs
93C	
Other contributory causes of importance:	
Twelve Arthritis Deformans,	15 yrs

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) Walter S. Phelps, M. D.
(Address) 4724 Grove Ave

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Mr. T[illegible]
4724 [illegible]
12-1 7-8:30 P.M.