

FEB 24 1936

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

Do not use this space.

4073

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
Township Central Primary Registration District No. 62484
City Richmond Heights Mary's Hospital St. _____ Ward _____

2. FULL NAME

Hugo Bachmann
(a) Residence No. 84352 Kaelede ave 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 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 Anna Bachmann
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5 - 1889
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 4 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) MO

MOTHER 13. NAME John Bachmann

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

15. MAIDEN NAME Dora Eckert

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

17. INFORMANT Anna Bachmann
(ADDRESS) 4352 Kaelede ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 1/18 1936

19. UNDERTAKER Arthur J. Donnelly
(ADDRESS) 3840 S. Bell St.

20. FILED Jan 16 1936 Gertrude Porter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 14 1936

I HEREBY CERTIFY that I attended deceased from Jan. 8th 1936 to Jan. 14th 1936
last saw him alive on Jan. 14th 1936 Death is said to have occurred on the date stated above, at 10:45 p.m.

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

Simple meningitis due to Brain abscess - 1/10/36

Other contributory causes of importance:

La Grippe

Name of operation _____ Date of _____

What test confirmed diagnosis? Blood exam 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 Albert Reibarth

(Signed) _____ M. D.

(Address) 3548 S. Grand St.

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 Kerberth

3578 & 3579