

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Bonhomme
City (No. St. Ward)

Registration District No. 785
Primary Registration District No. 6031

File No. 13351
Registered No. 27

2. FULL NAME

Mary Bachus

(a) Residence, No. Valley Park, Mo. R.R. #1 Ward.

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 John Bachus

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

Oct. 3, 1862.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

7441950

OCCUPATION

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

Housework

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

Own home

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

11. Total time (years)
spent in this
occupation.

5012. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ellisville, Mo.

FATHER

13. NAME

Wm. Ohhermann14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany

MOTHER

15. MAIDEN NAME

Wilhelmina Lambach16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany

17. INFORMANT

(ADDRESS) John Bachus
Valley Park, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Pauls Cem. DATE Feb. 24, 1937
Des Peres, Mo.

19. UNDERTAKER

(ADDRESS) De Trader's Funeral Home
Bridwin, Mo.

20. FILED

2-23-1937 Agnus Kelly
Registrar

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

Feb. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 30, 1936, to Feb. 19, 1937

I last saw h.e. alive on Feb. 19, 1937. Death is said
to have occurred on the date stated above, at 1:30 P.M.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Atherosclerosis
Chronic Nephritis
Chronic Bronchitis

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? no

If so, specify

(Signed) Henry Scott, M. D.

(Address) Belfair, Mo.

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.

