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.

JUN 29 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 — Registration District No. 1123 — File No. 21368

Township ~~V.A. Facility~~ Carondelet — Primary Registration District No. 6248 B — Registered No. 227

City Jefferson Bks. (No. V. A. Facility St. Ward)

2. FULL NAME Henry B. Bachmann

(a) Residence, No. 2229A Madison, St. Louis St., Ward. St. Louis Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Not known yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF xxx Cecilia Bachman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	44	6	12	

OCCUPATION

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

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

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

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Unknown

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) John P. Howser V.A. Facility, Jefferson Bks

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE June 3, 1937

19. UNDERTAKER (ADDRESS) Suedemeyer 3934 N. 20th Street

20. FILED May 31, 1937 G Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-31, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1937, to May 31, 1937

I last saw him alive on May 30, 1937 Death is said to have occurred on the date stated above, at 1:55 a.m.

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

	Date of onset
Tuberculosis, Pulm. Chr. F.A.	unk.

Other contributory causes of importance:

Pleurisy, Fibrinous Chronic	unk.

Name of operation none Date of

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

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

Accident, suicide, or homicide? no 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 Not to my knowledge

(Signed) C.W. Hughes Per J.P. Howser, M. D.

(Address) V.A. Facility, Jefferson Bks