JAN 10 1938

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

791 2/1

42973
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 1003

(b) Township..... Primary Registration District No..... Registered No. 11223

(c) City Saint Louis, Missouri (d) Street No. 3454 Crittenden Street. St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret Bachmann,

(a) Residence, No. 3454 Crittenden Street. St. 16

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Bachmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 6th, 1866.

7. AGE: Years 71 | Months 7 | Days 27. | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home

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

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

11. Total time (years) spent in this occupation: 2 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

FATHER

13. NAME: Otto Sittel

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

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

17. INFORMANT: Elsie Nester.
(ADDRESS) 3454 Crittenden Street.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus Cem. DATE December 6th, 37

19. FUNERAL DIRECTOR: Zigenhein Bros.
(ADDRESS) 2623 Cherokee Street.

20. FILED DEC 6 1937 J. H. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 3rd, 1937.

22. I HEREBY CERTIFY, That I attended deceased from September 15, 1931, to December 3, 1937. I last saw her alive on December 3, 1937. Death is said to have occurred on the date stated above, at 2:37 A.M.

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

	Date of onset
Coronary Thrombosis	Nov 1963
20 yr	
Other contributory causes of importance:	
Chr. Interstitial Nephritis	
Chr. Myocarditis	
	Sept 1931

Name of operation: none Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

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

Accident, suicide, or homicide? None 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: None

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify:

(Signed) Jno. A. Gulick M. D.

(Address) 2767 Lawrence St.

(Licensed Embalmer's Statement on Reverse Side)

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

30 7-20-37 1 X12004

STATEMENT BY LICENSED EMBALMER

I, Juddie A. Ziegenhein., Licensed Embalmer No. 2270.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Juddie A. Ziegenhein

Licensed Embalmer No. 2270.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)