

SEP 9 1938

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

30118

Do not use this space.

1. PLACE OF DEATH

(a) County Wesceitrid Registration District No. 821  
(b) Township Sikeston Mo Primary Registration District No. 4553  
(c) City Sikeston Mo (d) Street No. 260  
(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

Adolph J. Bacher.

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Husband of Jenie Bacher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-29-57

7. AGE YEARS 80 MONTHS 10 DAYS 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

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

13. NAME FATHER Y  
14. BIRTHPLACE (CITY OR TOWN) Cerrary (STATE OR COUNTRY)

15. MAIDEN NAME X  
16. BIRTHPLACE (CITY OR TOWN) Cerrary (STATE OR COUNTRY)

17. INFORMANT Ben Bacher (ADDRESS) Sikeston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Sikeston Mo 852

19. FUNERAL DIRECTOR G.A. Dempster (ADDRESS) Sikeston Mo

20. FILED 9-8 1938 Barthelme Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 1938

22. I HEREBY CERTIFY, That I attended deceased from about June 1 1938 to Aug 1 1938

I last saw him alive on Aug 1 1938. Death is said to have occurred on the date stated above, at 2:45 p.m.  
The principal cause of death and related causes of importance were as follows:

Ischemic Arteriosclerosis

Other contributory causes of importance:

Valvular insufficiency of aorta

Name of operation Chloroform Date of                       
What test confirmed diagnosis? Chloroform 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) W. Mayfield, M. D.  
Sikeston Mo (Address) 539

STATEMENT BY LICENSED EMBALMER

I, G. A. Dempster, Licensed Embalmer No. 2121  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed G. A. Dempster

Licensed Embalmer No. ....

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