

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.

REC'D MAR 13 1939

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

4553  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **Missouri Pacific Hosp.** Registered No. **1246**  
(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

(a) Residence, No. **270 Rolla M. Backus** St. **5**  
**5348 Page** (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 **Wh** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 6**, 19**39**

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF **Pearl G. Backus**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 28**, 19**39**, to **Feb 6**, 19**39**

last saw him alive on **Feb 5**, 19**39**. Death is said to have occurred on the date stated above, at **12:55 P.M.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 15, 1869**

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

7. AGE YEARS **69** MONTHS **2** DAYS **21** If LESS than 1 day, ..... hrs. or ..... min.

Apoplexy

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

93C

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virginia**

Other contributory causes of importance:  
**Chronic Myocarditis**  
**Pneumonia, Bronchial**

13. NAME **David Backus**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Pearl G. Backus**  
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18. BURIAL, CREMATION, OR REMOVAL **Valhalla Cem.** DATE **Feb. 8**, 19**39**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Chas. L. Stuart**  
**1225 Union Blvd.**

20. FILED **FEB 8 1939** **J. H. B. B. B.** Local Registrar.

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? **Yes**

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) **R. O. Dwyer** M. D.  
(Address) **Missouri Pacific Hospital**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

*BERNARD H. STUART*

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

*Bernard H. Stuart*

Licensed Embalmer No. \_\_\_\_\_

*3500*

P. O. Address \_\_\_\_\_

*1225 Union St*

**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.)**

**If this body is not embalmed, above space should be left blank.**