

REC'D APR 17 1939

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

Do not use this space.

9601

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City,

(No. 2)

St. Joseph's Hosp.

File No. _____

Registered No. 1207

1207

2. FULL NAME Rev. Pius Bachler

(a) Residence, No. Olpie, Kansas, St., _____ Ward, _____

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/22/1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 52 2 28

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

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marine City, Mich.

13. NAME John Bachler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marine City, Mich.

15. MAIDEN NAME Barbara Lachbiehler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City, New York.

17. INFORMANT Hospital records

18. BURIAL, CREMATION, OR REMOVAL PLACE Olpie, Kansas DATE 3/22/39 19. _____

19. UNDERTAKER F. A. Reising (ADDRESS) Kansas City, Kans.

20. FILED Mar 20, 1939 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1939, to March 19, 1939

I last saw him alive on March 15, 1939 Death is said to have occurred on the date stated above, at 5:50 a.m.

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

Streptococcus infection of right hip joint. Post-operative. Date of onset _____

Other contributory causes of importance:

Congestion of lungs, liver, spleen & pancreas

Name of operation Partial hip Date of Feb 20

What test confirmed diagnosis? Bact. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Jan 29 Date of injury 10, 1939

Where did injury occur? Olpe, Kansas (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Highway

Manner of injury Car hit by train

Nature of injury Fract. right hip

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Injury followed by angina

(Signed) J. R. Hyman, Jr., M.D.

(Address) St. Joseph, Mo.

Resident Pathologist

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.

I Hereby Certify that I Embalmed
The Body named on the other side
of This Certificate

J. A. [Signature]
Embalmer, License 3122
Rio Kansas City, Kan