

34371

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

8909

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County: 1003  
(b) City or town: St. Louis, Mo.  
(c) Name of hospital or institution: Jewish Hospital  
(d) Length of stay: In hospital or institution: 2 weeks

NOV 13 1939

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis  
(c) City or town: Eastwood  
(d) Street No.: 330 N. Clay Ave  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME: Jacob J. Bach 200

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex: Male 5. Color or race: W. 6. (a) Single, widowed, married, divorced: W.

6. (b) Name of husband or wife: Mary Bach 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: April 17 - 1851

8. AGE: Years 88 Months 6 Days 1

9. Birthplace: Germany

10. Usual occupation: Retired

11. Industry or business: \_\_\_\_\_

12. Name: John Bach 6

13. Birthplace: Germany 6

14. Maiden name: Unknown

15. Birthplace: Germany

16. (a) Informant's own signature: Jacob Bach 6

(b) Address: 518 S. Hillman Kirkwood

17. (a) Burial (b) Date thereof: Oct 22 1939

(c) Place: burial or cremation: St. Lucas Cem

18. (a) Signature of funeral director: Louis H. Bopp  
(b) Address: Eastwood, Mo.  
19. (a) OCT 19 1939 (b) J. B. Bidduk

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18 year 1939 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Oct 24 1939 to Oct 18 1939 that I last saw him alive on Oct 18 1939 and that death occurred on the date and hour stated above.

Immediate cause of death: 1. Myocarditis - Degenerative 2. Arteriosclerosis Due to old age. Impure diet 3. Arteriohypertension Due to \_\_\_\_\_

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: No operation. Of autopsy: No autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_ (b) Date of occurrence \_\_\_\_\_ (c) Where did injury occur? \_\_\_\_\_ (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury: No

23. Signature: J. B. Bidduk (M. D. or other) \_\_\_\_\_ Address: 371 N. Hillman, Eastwood, Mo. Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 1 X19311

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, or by.....

*Louis H Bopp*, Registered Apprentice No.....  
working under ~~his~~ personal supervision.

Signed *Louis H Bopp*  
Licensed Embalmer No. *921*

P. O. Address *Hubwood*

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.