FEB MAR 12 1940

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

Do not use this space.

7955

1. PLACE OF DEATH
County St. Charles — Registration District No. 755
Township Femme Osage — Primary Registration District No. 5996
City — (No.) — St. — Ward)

File No.
Registered No.

2. FULL NAME Henry Backhaus

(a) Residence, No. — Femme Osage Twp. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Lizzie Geiger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 - 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	77	1	—	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Jan 1940 — 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Femme osage St Charles Co

FATHER

13. NAME dont know

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

MOTHER

15. MAIDEN NAME dont know

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

17. INFORMANT (ADDRESS) Wm Backhaus Foristell Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Femme osage DATE Feb. 9 1940

19. UNDERTAKER (ADDRESS) Hucking & Muschany Augusta Mo

20. FILED Feb 7 1940 Galvin Clay M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH Feb 6/40

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6th 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 30th 1940 to February 6th 1940

That I last saw him alive on Feb 6th 1940. Death is said to have occurred on the date stated above, at 4 A m.

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

	Date of onset
Chronic Valvular heart disease	
(1) (2)	
Other contributory causes of importance:	
Influenza bronchitis and obesity	

Name of operation No operation Date of

What test confirmed diagnosis? Physical exam Was there an autopsy? No

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

Accident, suicide, or homicide? None Date of injury None 19

Where did injury occur? No injury (Specify city or town, county, and State)

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

Manner of injury No injury

Nature of injury

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

If so, specify.

(Signed) Benjamin Brandt M. D.

(Address) Foristell Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo