No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23785

Registration District No. 791 — FILED AUG 25 1940

Primary Registration District No. 1003

Registrar's No. 6230

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

(c) City or town Saint Louis, (If outside city or town limits, write "RURAL")

(d) Street No. 3819 Wisconsin Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Carl Bach

3. (b) If veteran, name war no

3. (c) Social Security No. 489-01-3591

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December (Month) 11th, (Day) 1890. (Year)

8. AGE: Years 49 Months 7 Days 12 If less than one day hr. min.

9. Birthplace Saint Louis, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation Brewer

11. Industry or business

FATHER
12. Name Henry Bach
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Anna Sier.
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Anna Williams

(b) Address 3819 Wisconsin Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26, 1940. (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Churchyard.

18. (a) Signature of funeral director Ziegenhein Bros,

(b) Address 2623 Cherokee Street.

19. (a) JUL 25 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23, year 1940 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from July 18, 1940 to July 23, 1940; that I last saw him alive on July 23, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Partial Cirrhosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. H. Tiller (M.D. or other)

Address 1515 Lafayette. Date signed 7/24/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Judith A. Ziegenhein

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.