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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5409

State File No.

REG. DIST. 25 1941
Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 1657

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:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether
In this community 25 yrs.
years, months or days)

3. (a) PRINT FULL NAME Emil Bachmann

3. (b) If veteran, name war nil 3. (c) Social Security No. 4-89-01-7659

4. Sex male 5. Color/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 June 6 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>8</u>	<u>13</u>	hr. min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Master

11. Industry or business Restaurant

12. Name Fritz

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Adred Tourat

(b) Address 408 Market St.

17. (a) Burial (b) Date thereof 2 24 41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Walter Dug

(b) Address 425 E. Lyndell

19. (a) FEB 21 1941 (b) T. J. Beck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis 1722
(If outside city or town limits, write "RURAL")
(d) Street No. 1103 So 18th St S
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19,
year 1941 hour 11:30 minute A.M.

21. I hereby certify that I attended the deceased from February 17, 1941, to February 19, 1941;
that I last saw him alive on February 19, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Heart disease
decompensation

Due to.....
Due to.....

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

Major findings:
Of operations.....
Of autopsy no

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?

While at work..... (Specify type of place)
(e) Means of injury 0

23. Signature Samuel Wolke (M.D. or other) 2/19/41
Address 1515 Lafayette Avenue Date signed

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

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No. 3114

P. O. Address.....

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, fact should be so stated above.