

FILED

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town **St. Louis Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**5014 Sutherland Ave**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community **42 yrs**

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **5014 Sutherland Ave**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

004  
17  
7/14

3. (a) PRINT FULL NAME **Louisa Bacherer**  
 3. (b) If veteran, name war **None**  
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **May** day **7**  
 year **1943** hour **10.10** minute \_\_\_\_\_ M.

4. Sex **Female** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Charles Bacherer**  
 6. (c) Age of husband or wife if alive **57** years  
 7. Birth date of deceased **May 4 1886**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 18** 19**39** to **May 7** 19**43**  
 that I last saw her alive on **5/7** 19**43**  
 and that death occurred on the date and hour stated above.

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <b>57</b> | <b>0</b> | <b>3</b> | hr. _____ min.       |

Immediate cause of death **Cerebral Thrombosis**  
 Due to **Arterio sclerosis**  
**Ch. myocarditis**  
 Due to \_\_\_\_\_  
 Other conditions **Hypertension (apoplexy)**  
(Include pregnancy within 3 months of death)

Duration  
**2 da**  
**4 yrs +**  
**4 yr +**

9. Birthplace **Belleville Ill**  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

10. Usual occupation **Housewife**  
 11. Industry or business **at Home**

MOTHER FATHER  
 12. Name **John Saal**  
 13. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Mary Schwartzzenbach**  
 15. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Bacherer**  
 (b) Address **5014 Sutherland Ave**

17. (a) **Burial** (b) Date thereof **5 10 43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Old S.S. Peter Paul**

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? \_\_\_\_\_

18. (a) Signature of funeral director **Kriegshauser Ung Co**  
 (b) Address **4228 So. Kinghighway Blvd**

While at work \_\_\_\_\_  
(Specify type of place) (c) Means of injury  
 23. Signature **Robert Cluff** (M. D. or other)  
 Address **5205<sup>e</sup> Cluffen** Date signed **5/8/43**

19. (a) **MAY 9 1943**  
(Date received local registrar)  
 (b) **J. Biedeck**  
(Registrar's signature)

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Richard W. Storvick  
Licensed Embalmer No. 4007  
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.**