

FILED MAY 7 1949

Primary Registration District No. 6049

1. PLACE OF DEATH

- (a) County ST Charles
(b) City or town Rural - Lemons (Rural)
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days (Specify whether)

3. (a) PRINT FULL NAME WALTER FRED BACKHAUS

3. (b) If veteran, name war _____ 3. (c) Social Security _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, Divorced SINCE

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

7. Birth date of deceased Oct 31 1904
(Month) (Day) (Year)

8. AGE: Years 36 Months 5 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace ST CHARLES Co 0
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name HENRY BACKHAUS

13. Birthplace ST CHARLES Co 0
(City, town, or county) (State or foreign country)

14. Maiden name LIZZIE GEYGER

15. Birthplace ST CHARLES Co 0
(City, town, or county) (State or foreign country)

16. (a) Informant Edwin Backhaus

(b) Address St Louis Mo

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof April 25 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Fern Drage

18. (a) Signature of funeral director Walter Backhaus

(b) Address St Louis Mo

19. (a) Apr 26 1943 (Date received local registrar) (b) Alvin Clay M D (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST CHARLES

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

(d) Street No. near Fern Drage
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1943 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

distraction of Brain
Due to _____

Due to Gun shot wound,

Other conditions Self inflicted
(Include pregnancy within 3 months of death) suicide

Major findings: Of operations _____

Of autopsy 1640

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

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence April 21 1943

(c) Where did injury occur? 1 mile north of Fern Drage
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Near his home

While at work? no (Specify type of place) (e) Means of injury Gun shot

23. Signature AP Erich Schuch M.D. (M. D. or other)

Address St Charles Mo. Date signed 4/23/43

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

Marion Mischang

Licensed Embalmer No.

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P. O. Address

Wentzville Mo

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.