

FILED JUN 4 1943 81

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. _____

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: Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 6 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2205 South 4th Street., D
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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

3. (a) PRINT FULL NAME William Bachman

3. (b) If veteran, name war Unknown 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Nabel Bachman 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased November 21, 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>5</u>	<u>24</u>	hr. _____ min. _____

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

10. Usual occupation Truck Driver

11. Industry or business Member Local #700

12. Name Carl Bachman

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

14. Maiden name Dora Eckert

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

16. (a) Informant Mabel Bachman

(b) Address 2205 South 4th Street.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/43
(Month) (Day) (Year)

(c) Place: burial or cremation St. Ferdinands Cemetery

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.,

19. (a) MAY 17 1943 J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1943 hour 11 minute 59 P M.

21. I hereby certify that I attended the deceased from May 9th
1943 to May 15th 1943
that I last saw him alive on May 15 (10 PM) 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia
following Oedema of lung

Due to cardiac decompensation with
coronary infarction of left ventricle

Due to Endocarditis (chronic) mitral insufficiency
Chronic interstitial nephritis - Hypertension

Other conditions Arthritis - Syphilis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 _____

23. Signature J. F. Bredack (M. D. or other)
Address 306 N. Grand St. Kansas Mo Date signed 5/17/43

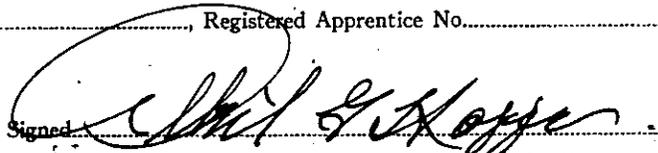
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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

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 .....

Licensed Embalmer No. 2971.....

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.