

No. 2
1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38994**

FILED DEC 11 1943

Registration District No. **310**

Primary Registration District No. **3058**

Registrar's No. **187**

1. PLACE OF DEATH:

(a) County **St. Charles**
(b) City or town **St. Charles**
(c) Name of hospital or institution: **St. Joseph Hospital**
(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

3. (a) PRINT FULL NAME

Conrad Backes

3. (b) If veteran, name war **No**

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 **Anna Buschmann** 6. (c) Age of husband or wife **28** years
7. Birth date of deceased **January 8 1906**
(Month) (Day) (Year)

8. AGE: Years **37** Months **9** Days **19** If less than one day
hr. min.

9. Birthplace **Frankenstein Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Contractor**

11. Industry or business

12. Name **Henry Backes**
13. Birthplace **Loose Creek, Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Louis Klutke**
15. Birthplace **Loose Creek, Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **P. J. Tullmann**
(b) Address **4955 Tully, St. Louis, Mo**
17. (a) **Burial** (b) Date thereof **Oct. 30, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Loose Creek Cemetery**

18. (a) Signature of funeral director **H. C. Dallmeyer**
(b) Address **801 N. Second, St. Charles, Mo**
19. (a) **11-29-1943** (b) **Conrad E. Paul**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Charles**
(c) City or town **Sands**
(If outside city or town limits, write "RURAL")
(d) Street No. **Box 146**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **27**
year **1943** hour **7** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **Coroner's Inquest**
that I last saw him alive on **19**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cellulitis due to Gas bacillus infection**

Due to **Crushing multiple fracture arm (left)**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **No**
Of operations **No**
Of autopsy **No**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **Oct 27, 1943**
(c) Where did injury occur **East branch of St. Charles Bridge**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway By Pass #40
(Specify type of place) (e) Means of injury **Side swiping of truck**

23. Signature **P. E. Schuch** (M. D. or other)
Address **St. Charles, Mo** Date signed **11/43**

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 1 1947

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

John B. Dallmeyer

Licensed Embalmer No.

2957

P. O. Address

St Charles 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, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

38994

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hosp.
(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)

3. (a) PRINT
FULL NAME

Conrad Backes

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex m 5. Color or race W 6. (a) Single, widowed, married,
divorced m

6. (b) Name of husband or wife Jan 6. (c) Age of husband or wife if
alive 38 years

7. Birth date of deceased Jan 8
(Month) (Day) (Year)

8. AGE: Years 37 Months 9 Days 4 If less than one day
min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name Mo.
(City, town, or county) (State or foreign country)

15. Birthplace

16. (a) Informant

(b) Address

17. (a) 11-29-1943 (b) Date thereof Jan 8
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 11-29-1943 (b) Ernest G. Paul
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County St. Louis
(c) City or town Lands (If outside city or town limits, write "RURAL")
(d) Street No. Box 146 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 8 Year 1943 hour 10 minute 27 M.

21. I hereby certify that I attended the deceased from Jan 8 to Jan 8, 1943;
that I last saw him alive on Jan 8, 1943;
and that death occurred on the date and hour stated above.
Immediate cause of death Heart Duration 10:27

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 (M. D. or other)
Address Date signed

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

SUPPLEMENTARY

