

FILED JAN 28 1946

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Franklin
 (b) City or town Washington Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Francis
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 1/2 mo.
 (Specify whether
 In this community 5 8 yrs.
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
 (c) City or town Washington
 (If outside city or town limits, write "RURAL")
 (d) Street No. 414 W. Main St.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME EMIL EDWARD BACKER

3. (b) If veteran, name war none
 3. (c) Social Security No none

4. Sex Male
 5. Color or race W.
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Blanca E. Backer
 6. (c) Age of husband or wife if alive 1 years
 7. Birth date of deceased October 23 - 1873
 (Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 8
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Bookkeeper

11. Industry or business Milling & Lvs.

12. Name Fred Backer
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Miller
 15. Birthplace Millstadt Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Wm. L. Backer
 (b) Address Washington Mo.

17. (a) Burial (b) Date thereof 1-3-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Mo.

18. (a) Signature of funeral director Otto Co
 (b) Address Washington Mo.

19. (a) 1/3/46 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1
 year 1946 hour 4 minute 30 a. M.
 21. I hereby certify that I attended the deceased from 16
16 1945 to Jan 11 1946
 that I last saw him alive on Dec 31 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral
Hæmorrhage
 Due to arterio-sclerosis

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations [Signature]
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (c) 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 L. O. Muehlich (M. D. or other) M.D.
 Address 207 Jefferson Washington Mo. Date signed 1/2/46

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

560

RECEIVED

District Health Officer No. 9;

District File Number.....

Date Filed 1-26-46

JAN 29 1946

APR 12 1946

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. 2464

P. O. Address. Washington 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.