

FILED JUN 20 1946 STANDARD CERTIFICATE OF DEATH

State File No. 21224

Registration District No. 307

Primary Registration District No. 6049

Registrar's No.

1. PLACE OF DEATH:

- (a) County St Charles
 (b) City or town Farmersburg
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1

(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

3. (a) PRINT FULL NAME AUGUST W. BACKHAUS

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

4. Sex MO 5. Color or race W. 6. (a) Single, widowed, married, divorced 9

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

7. Birth date of deceased. June 18 1856
 (Month) (Day) (Year)

8. AGE: Years 89 Months 10 Days 25 If less than one day
 hr. min.

9. Birthplace St Charles Co (City, town, or county) (State or foreign country)

10. Usual occupation Ret Farmer

11. Industry or business

12. Name Wm Hy Backhaus
 13. Birthplace Germany (City, town, or county) (State or foreign country)
 14. Maiden name E. Thoen
 15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Harmon Backhaus
 (b) Address Augusta Mo

17. (a) Burial (b) Date thereof May 15-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Farmersburg Cemetery

18. (a) Signature of funeral director Thelma + Muehl
 (b) Address Augusta Mo

19. (a) May 15/46 (b) Fred V. Kopman
 (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County St Charles
 (c) City or town RR Augusta Mo
 (If outside city or town limits, write "RURAL")

- (d) Street No. (If rural, give location)

- (e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
 year 1946 hour 13 minute 8 M.

21. I hereby certify that I attended the deceased from May 12th 1946 to May 12th 1946
 that I last saw him alive on May 12th 1946
 and that death occurred on the date and hour stated above.

- Immediate cause of death Cerebral Hemorrhage Duration

- Due to Arterio Sclerosis & Old age

- Due to

- Other conditions Chronic Valvular Heart Disease
 (Include pregnancy within 3 months of death)

- Major findings:
 Of operations h.o. operation

- 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:

- (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 Benjamin Brandt (M. D. or other)

- Address Floristell Mo Date signed 5/13/46

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(Licensed Embalmer's Statement on Reverse Side)

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.

M. Muesby 2481
D. Shickling # 3759
Signed.....

Licensed Embalmer No.....

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.