

STANDARD CERTIFICATE OF DEATH

State File No.

27482

FILED AUG 23 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

7098

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Three weeks.
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Fred W. Bach.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ollie E. Bach. 6. (c) Age of husband or wife if alive Dec'd years
7. Birth date of deceased August 23, 1861.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>11</u>	<u>17</u>	hr. min.

9. Birthplace Gallaway Co. Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Stationary Engineer.
(Retired)

11. Industry or business

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

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

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

16. (a) Informant Miss Lucille Bach.(b) Address 6319 Ella Avenue.

17. (a) Burial (b) Date thereof 8-13-1948.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery(a) Signature of funeral director Geo. L. Pleitsch, Inc.(b) Address 5966-68 Easton Avenue.

19. (a) AUG 13 1948 (b) J. F. Buehler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6319 Ella Avenue.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10th.
year 1948 hour 10.10 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from May 15
1948 to Aug 10, 1948
that I last saw him alive on Aug 10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular collapse Duration 24 hrs.

Due to Complete biliary obstruction

Due to Neoplasm pancreas malignant

Other conditions Semilethal changes
(Include pregnancy within 3 months of death)

Major findings: Neoplasm obstructing common duct PHYSICIAN _____

Of autopsy _____ 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 SO

23. Signature W. A. McGuire (M. D. or other) SO
Address 2322 N. Kingshighway Date signed 8/12/48

Dr. W.A. McGuire.
2322 North Kingshighway
Hours 2 to 4 P.M.
Forest 4667

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address. St. Louis

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.