S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 7 1948

Registration District No. 397

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3066

28398

State File No. 11

Registrar's No. 1911

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood 22 Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 335 Leffingwell
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Kirkwood 22 4
(If outside city or town limits, write "RURAL")
(d) Street No. 335 Leffingwell 3
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Samuel Backer
3. (b) If veteran, name war .....
3. (c) Social Security No. 494-07-4837

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Bertha M. Backer
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased August (Month) 11 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	11	29	..... hr. ..... min.

9. Birthplace Fulton (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Retired Merchant
11. Industry or business .....
FATHER
12. Name Christian Backer
13. Birthplace ..... (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Sudzer
15. Birthplace ..... (City, town, or county) Switzerland (State or foreign country) 5
16. (a) Informant Fred M. Baker
(b) Address 335 Leffingwell Kirkwood Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation Fulton, Mo.
18. (a) Signature of funeral director Meyer-Pfitzinger
(b) Address Kirkwood Mo
19. (a) 8-12-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
year 1948 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from 7/1, 1945 to 8/10, 1948
that I last saw him alive on 8/10, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Adenocarcinoma of stomach	3 yrs.
Due to	
46 b	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature J. D. Stoelzle (M. D. or other) M. D.
Address 104 N. Adams, Kirkwood Date signed 8/12/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood 22 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.