

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 9769

2181

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

23

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Mad</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis Missouri</b>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>	17 9
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1862 S 12th Street</b>	

3. NAME OF DECEASED (Type or Print) <b>Julius E Bachman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3 8 49</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Sept 24 1873</b>		9. AGE (In years last birthday) <b>75</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St Louis</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U S</b>					

13a. FATHER'S NAME <b>Eugene Bachman</b>	13b. MOTHER'S MAIDEN NAME <b>Rose Stalk</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Lillie Melville</b>		ADDRESS <b>1862 S 12 Street</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ruptured peptic ulcer</b>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>N</b>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <b>117</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>5411</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Patrol E Taylor Coroner</b>	(Degree or title)	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>3-9-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rural</b>	24b. DATE <b>Mar 11 49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Picker Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>
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DATE REC'D BY LOCAL REG. <b>MAR 9 1949</b>	REGISTRAR'S SIGNATURE <b>J B Sasater</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm Dell Wood</b>	ADDRESS <b>1926 Allen Av</b>
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**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 me

Student Embalmer No. ....

working under my personal supervision.

Signed Benny A. Duncan

Signed .....  
Student Embalmer

Licensed Embalmer No. 2272

P. O. Address: 1926 Allen Ave

**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.