

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20732

State File No. 5130

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri 1 b. COUNTY Perry 79	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Perryville	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) W.R.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lutheran			

3. NAME OF DECEASED (Type or Print)	a. (First) Edwin	b. (Middle) John	c. (Last) Bachman	4. DATE OF DEATH (Month) (Day) (Year) June 12, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 3, 1890	9. AGE (In years (at birthday)) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 10 MINS. Min.
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10a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) She worker	10b. KIND OF BUSINESS OR INDUSTRY Manufacturing	11. BIRTHPLACE (State or foreign country) Farrar, Missouri	12. CITIZENSHIP OF WHAT COUNTRY
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13a. FATHER'S NAME Edward Bachman	13b. MOTHER'S MAIDEN NAME Matilda Eggers	14. NAME OF HUSBAND OR WIFE Ida Bachman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unk.	17. INFORMANT'S SIGNATURE OR NAME Ida Bachman	ADDRESS: Perryville, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary thromboses</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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	20. AUTOPSY? YES <input checked="" 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) Perryville, Perry, Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4-201
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22. I hereby certify that I attended the deceased from June 7, 1949, to June 12, 1949, that I last saw the deceased alive on June 12, 1949, and that death occurred at 6 P.M., from the causes and on the date stated above.

23a. SIGNATURE A.M. Frank	(Degree or title)	23b. ADDRESS 3701 Grand St. Perryville, Mo.	23c. DATE SIGNED 6/13-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-13-49	24c. NAME OF CEMETERY OR CREMATORY Lutheran	24d. LOCATION (City, town, or county) (State) Perryville, Missouri
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DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE J.B. Sasater	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington St.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 13 1949

(Licensed Embalmer's Statement on Reverse Side)

FEB 19 1959

MAR 6 1959

JUL 2 1959

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Clement McMay*

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.