

FILED MAY 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14251

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 69	
1. PLACE OF DEATH a. COUNTY St Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rt # 1				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rt # 1 Robertson Mo			
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital				d. STREET ADDRESS (If rural, give location) Rt # 1			
3. NAME OF DECEASED (Type or Print)		a. (First) Anna		b. (Middle) Backhaus		c. (Last) Backhaus	
4. DATE OF DEATH		(Month) April		(Day) 5		(Year) 1950	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH September 2 1877	
9. AGE (In years last birthday) 72		10. UNDER 1 YEAR Months Days		11. UNDER 1 YEAR Hours Min.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) St Louis County		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Riecke		13b. MOTHER'S MAIDEN NAME Mary Hahn		14. NAME OF HUSBAND OR WIFE Louis Backhaus		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. None		17. INFORMANT'S SIGNATURE OR NAME Louis Backhaus		18. ADDRESS Rt # 1		19. DATE OF OPERATION	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute lymphatic leukemia		INTERVAL BETWEEN ONSET AND DEATH 30 days		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		21. DATE OF OPERATION		22. MAJOR FINDINGS OF OPERATION		23. HOW DID INJURY OCCUR?	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. DATE OF OPERATION		21g. MAJOR FINDINGS OF OPERATION		21h. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 13, 1950, to April 5, 1950, that I last saw the deceased alive on April 5, 1950, and that death occurred at 6:10 A. M., from the causes and on the date stated above.		23a. SIGNATURE W. Schneider (Degree or title) M.D.		23b. ADDRESS St Charles Mo		23c. DATE SIGNED 4/14/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 7 1950		24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		24d. LOCATION (City, town, or county) (State) St Charles Mo.	
DATE REC'D BY LOCAL REG. 4-26-50		REGISTRAR'S SIGNATURE Marie Hamilton		25. FUNERAL DIRECTOR'S SIGNATURE Kuckmann, Marie		ADDRESS St Charles Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 29 1950
District Health Officer No. 9,
District File Number

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 Arthur C. Bane

Licensed Embalmer No. 3155

P. O. Address St Charles 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.