

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18935**

FILED JUN 2 1950

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **129**

1. PLACE OF DEATH a. COUNTY St. Louis County <i>St. Louis County "Horton Mo."</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____	c. LENGTH OF STAY (In this place) 5/3/50	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Millers Nursing Home		d. STREET ADDRESS (If rural, give location) 8149 Gravois	
3. NAME OF DECEASED (Type or Print) a. (First) Mrs. Bertha b. (Middle) _____ c. (Last) Backhusen		4. DATE OF DEATH (Month) (Day) (Year) May 19 50	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Feb 3rd 1862
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTH PLACE (State or foreign country) Lodz Poland
12. CITIZEN OF WHAT COUNTRY? USA		13. NAME OF HUSBAND OR WIFE Henry Richard Backhusen	
13a. FATHER'S NAME John Halle		13b. MOTHER'S MAIDEN NAME Caroline Niedergesess	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		15. SOCIAL SECURITY NO. _____	
16. INFORMANT'S SIGNATURE OR NAME Alexander Owen		17. ADDRESS 2749 Keokuk	

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 2 Mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Heart and Kidney Disease		
	ANTECEDENT CAUSES DUE TO (b) Chronic Arthritis and DUE TO (c) Chronic Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19. DATE OF OPERATION none	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			

22. I hereby certify that I attended the deceased from **May 3rd 1950**, to **May 19th 1950**, that I last saw the deceased alive on **May 18th 1950**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Maltus M.D.	(Degree or title) D.	23b. ADDRESS 3608 S. Grand Blvd.	23c. DATE SIGNED 5/20/50
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE 5/20/50	24c. NAME OF CEMETERY OR CREMATORY MISSOURI CREMATORY	24d. LOCATION (City, town, or county) (State). ST. LOUIS MISSOURI
DATE REC'D BY LOCAL REG. 5-20-50	REGISTRAR'S SIGNATURE Herbert A. Dombke, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE WM. SCHUMACHER	
		ADDRESS 3013 MERAMEC	

(Licensed Embalmer's Statement on Reverse Side)

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

1000
4

Cremation

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 *Francis Williamson*

Licensed Embalmer No. *3565*

P. O. Address *St. Louis, 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.