

1. No. 10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22306

FILED JUN 17 1950

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1284

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS., MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (In this place) 5 days		2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET ADM HOSPITAL		d. STREET ADDRESS (If rural, give location) 2911A WYOMING	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH		b. (Middle) A.		c. (Last) BACHMANN		4. DATE OF DEATH (Month) (Day) (Year) MAY 18, 1950			
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1		8. DATE OF BIRTH 7-3-78	9. AGE (In years last birthday) 71	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) SWITZERLAND 5		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME KATHRYN (UNKNOWN)		14. NAME OF HUSBAND OR WIFE BERTHA			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES SPAW		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS		ADDRESS	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ENCEPHALOPATHY		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CEREBRAL ARTERIOSCLEROSIS		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 334X		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 5-13-50 to 5-18-50, 1950, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE L.E. STILWELL, CHIEF OF PROF. SERVICES O.	23b. ADDRESS JEFFERSON BARRACKS, MO.	23c. DATE SIGNED 5-18-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 22 1950	24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.
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DATE REC'D BY LOCAL HEALTH DEPT. MAY 19 1950	REGISTRAR'S SIGNATURE Herbert B. Donke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KUTIS FUNERAL HOME 2906 GRAVOIS ST. LOUIS, MISSOURI
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(Licensed Embalmer's Statement on Reverse Side)

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

400-20

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Samuel C. White

Signed.....
Student Embalmer

Licensed Embalmer No. 4347

~~Address~~ 2406 Graves

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.