

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2433

FILED FEB 1 1952

BIRTH NO.		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 18	
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 Charles			
b. CITY (If outside corporate limits, write RURAL and give township) St Charles		c. LENGTH OF STAY (in this place) 20 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St Charles		0923	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital				d. STREET ADDRESS (If rural, give location) 217a South Main St			
3. NAME OF DECEASED (Type or Print) Albert		a. (First)		b. (Middle)		c. (Last) Bach	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 21 1875	
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 1 YEAR Hours 0 Min. 0		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Foundry		11. BIRTHPLACE (State or foreign country) Calloway County Mo			
13a. FATHER'S NAME Phillip Bach		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Minnie Mountmann Bach			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 498-10-0823		17. INFORMANT'S SIGNATURE OR NAME Minnie Bach St Charles Mo.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic arrhythmia DUE TO (c) gen. arterio sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 mo. 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500				20. AUTOPSY? YES ☐ NO ☒	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12/28/1949 , to 1/25/1952 , that I last saw the deceased alive on 1/25/1952 , and that death occurred at 4:20 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE R. J. H. M.D.		(Degree or title)		23b. ADDRESS 12680 Main St. St. Charles Mo.		23c. DATE SIGNED 1/28/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 28 1952		24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		24d. LOCATION (City, town, or county) (State) St Charles Mo.	
DATE REC'D BY LOCAL REG. Feb 1-52		REGISTRAR'S SIGNATURE Kenneth H. H. H.		25. FUNERAL DIRECTOR'S SIGNATURE W. H. H. H.		ADDRESS St Charles Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Frederic W. Bane

Licensed Embalmer No. 4607

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.