

FILED JUN 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16047

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>4193</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann</u>		c. LENGTH OF STAY (In this place) <u>9 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann</u>		<u>1371</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>210 E. Second St</u>				d. STREET ADDRESS (If rural, give location) <u>210 E. Second St</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CHARLES</u>		b. (Middle) <u>BACKSCHIES</u>		c. (Last) _____	
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>30</u>		(Year) <u>1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 6-1875</u>		9. AGE (In years last birthday) <u>76</u>	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Hermann, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Carl Backschies</u>		13b. MOTHER'S MAIDEN NAME <u>Augusta Paele</u>		14. NAME OF HUSBAND OR WIFE <u>Hannah Backschies</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Glenn Zeugin, Washington, Mo</u>			
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) <u>Apoplexy</u> ANTECEDENT CAUSES <u>Arterio Sclerosis</u> Morbidity 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 _____				INTERVAL BETWEEN ONSET AND DEATH <u>Years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____	
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 <u>Nov 1950</u> , to <u>April 30, 1952</u> , that I last saw the deceased alive on <u>April 30, 1952</u> , and that death occurred at <u>8 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. G. Rhodius M.D.</u>				23b. ADDRESS <u>Hermann Mo</u>		23c. DATE SIGNED <u>5/1/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-3-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hermann City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hermann, Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-15-52</u>		REGISTRAR'S SIGNATURE <u>Ch. Mundwiller</u>		GENERAL DIRECTOR'S SIGNATURE <u>August Blumberg</u>		ADDRESS <u>Hermann, Mo</u>	

(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 _____

Hugot Oliver

Licensed Embalmer No. 0160

P. O. Address Hermann, 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.