

No. 300
10-48

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39203**
10094
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10094	
1. PLACE OF DEATH a. COUNTY _____				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 town or township) St. Louis		c. LENGTH OF STAY (in this place) 25 yrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				e. STREET ADDRESS (If rural, give location) 2027 0 4612 Hamburg Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) EMIL		b. (Middle) C		c. (Last) BACKER		4. DATE OF DEATH (Month) (Day) (Year) November 4 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 28, 1876	
9. AGE (In years last birthday) 80 yrs.		10. AGE (In years) <input type="checkbox"/> UNDER 1 YEAR Months _____ Days _____		10. AGE (In years) <input type="checkbox"/> UNDER 1 YEAR Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) Fulton, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman (retired)				10b. KIND OF BUSINESS OR INDUSTRY Printing			
11. BIRTHPLACE (City and State or Foreign Country) Fulton, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Charles Backer			
13b. MOTHER'S MAIDEN NAME ? Hagebusch		14. NAME OF HUSBAND OR WIFE Mrs. Hanna Schaefer Backer					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, up, or unknown) No		16. SOCIAL SECURITY NO. 488-03-2292A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Hanna Backer, 4612 Hamburg Avenue			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis		ANTECEDENT CAUSES (b) Senility				5-10 years	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Prostatic Hypertrophy				14 days	
2. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) Fractured Hip		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
19a. DATE OF OPERATION 10/24/56		19b. MAJOR FINDINGS OF OPERATION Fractured Hip				21. HOW DID INJURY OCCUR? fall	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) HOME		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-21-56 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from 10/21/56 , 19____, to 11/4/56 , 19____, that I last saw the deceased alive on 11/3/56 , 19____, and that death occurred at 12:30am. , from the causes and on the date stated above.			
23a. SIGNATURE E. Stein del. M.D.		23b. ADDRESS 3701 Grand St. Sq.		23c. DATE SIGNED 11/5/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-6-56		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.	
DATE REC'D BY LOCAL REG. NOV 5 1956		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. INC., 1956 St. Louis Ave.			

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

(Licensed Embalmer's Statement on Reverse Side)

Hours - 2-4 today 11-5-56

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 _____
Signature of Student Embalmer

Signed John J. Krupine
Licensed Embalmer No. 349
P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.