

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14245

STATE FILE NUMBER

FILED MAY - 9 1957

Registration District No.

290

Primary Registration District No.

5985

Registrar's No.

54

1. PLACE OF DEATH a. COUNTY Pulaski			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Michigan b. COUNTY Wayne		
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits: Fort Leonard Wood Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			c. CITY OR TOWN Dearborn Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Army Hospital			Length of stay in lb 25 Min		
d. STREET ADDRESS 14639 Michigan Ave			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First HELMUT Middle ARMIN RICHARD Last BACH			4. DATE OF DEATH Month April Day 28 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 30 March 1924		9. AGE (In years last birthday) 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		10b. KIND OF BUSINESS OR INDUSTRY US Army	11. BIRTHPLACE (City and state or country) Zeukenroda, Germany		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Armin Gustav Bach			14. MOTHER'S MAIDEN NAME Elizabeth Bach (unknown)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes			16. SOCIAL SECURITY NO. 363 34 8061		
17. 11 Dec 56 to Present			18. US Army Hospital		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumothorax, bilateral and Pneumomediastinum Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) Crushing injury, chest, with laceration, lung DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Subarachnoid hemorrhage			INTERVAL BETWEEN ONSET AND DEATH		
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Struck by automobile.		
20c. TIME OF INJURY Hour 8:15 p. m. Month, Day, Year Apr 28 1957					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Hq Ave near Bldg 410		20f. CITY, TOWN, OR LOCATION Ft Leonard Wood	
20g. COUNTY Pulaski		20h. STATE Missouri			
21. I attended the deceased from 28 Apr 57 to 28 Apr 57 and last saw him alive on 28 Apr 57			Death occurred at 8:45 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE James B. White, Capt. MC			22b. ADDRESS US Army Hospital		22c. DATE SIGNED 29 Apr 57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE 30 April 57		23c. NAME OF CEMETERY OR CREMATORY Unknown
23d. LOCATION (City, town, or county) Detroit Michigan			(State)		
24. FUNERAL DIRECTOR Billy J. Hedges			25. DATE RECD. BY LOCAL REG. NO 4-29-57		26. REGISTRAR'S SIGNATURE Paula Mae Anderson

Date Filed 7-39-57
File Number 57

Pulaski County Health Officer

RECEIVED

5-4-57

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I do 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.

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.

by me, or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence Thorse

8:15 38 1957

Licensed Embalmer No. 482
P. O. Address Waynesville

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.