

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15847**

FILED MAY 14 1957

REG. DIST. NO. **333**

PRIMARY REG. DIST. NO. **3074**

Registrar's No. **78**

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

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>MO</b> b. COUNTY <b>SCOTT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SIKESTON</b>		c. CITY OR TOWN <b>SIKESTON</b>	
c. LENGTH OF STAY (in this place)		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 <b>RFD #4 Box 14</b>		e. STREET ADDRESS (If rural, give location) <b>RFD #4 Box 14 1003</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>PAUL</b> b. (Middle) <b>HENRY</b> c. (Last) <b>BACHHOLZ</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4-23-1957</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>9-29-1885</b>
9. AGE (In years last birthday) <b>71</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STOCK BREEDER</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>CHICAGO ILL</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>CHICAGO ILL</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>August BACHHOLZ</b>		13b. MOTHER'S MAIDEN NAME <b>AMALIA HARKE</b>	
14. NAME OF HUSBAND OR WIFE <b>EMELIA</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>496-40-0186</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Walter Buchholz, Whitehouse N.J.</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Walter Buchholz, Whitehouse N.J.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute coronary thrombosis.</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b)	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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		19b. MAJOR FINDINGS OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" 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) m.	
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 <b>4-23</b> , 19 <b>57</b> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>8:00p</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Andre St. ...</b>		23b. ADDRESS <b>217 S. Kingshighway Sikeston, Missouri</b>	
23c. DATE SIGNED <b>4-29-57</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>4-26-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City</b>	
24d. LOCATION (City, town, or county) (State) <b>SIKESTON MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wesley Funeral Home - Sikeston MO</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Wesley Funeral Home - Sikeston MO</b>		ADDRESS	

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DATE RECEIVED MAY 6 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 557-96

MAY 14 1957

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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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston

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.