

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45445

FILED JAN 14 1958

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>2058</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Charles</u>		c. LENGTH OF STAY (in this place) <u>2 mon.</u>		c. CITY OR TOWN <u>St. Charles</u>		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 <u>St. Joseph Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>207 N. Kingshighway St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilhelmina</u>		b. (Middle) <u>L.</u>		c. (Last) <u>Bach</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31, 1957</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, ² WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 10, 1890</u>	
9. AGE (In years last birthday) <u>87</u>		10. MONTHS <u>9</u>		11. DAYS <u>21</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house-keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Moentmann</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Benne</u>		14. NAME OF HUSBAND OR WIFE <u>Albert Bach</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Benjamin Moentmann St. Charles, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Bronch Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Fracture Left hip</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9040</u> <u>21</u>					
19a. DATE OF OPERATION <u>11/12/57</u>		19b. MAJOR FINDINGS OF OPERATION <u>Bilateral bronchitic Fract Left femur</u>				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN) OR TOWNSHIP (COUNTY) (STATE) <u>St. Charles Mo St. Charles Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 6- 57</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fall</u>			
22. I hereby certify that I attended the deceased from <u>March</u> , 1956, to <u>Dec. 31</u> , 1957, that I last saw the deceased alive on <u>Dec. 31</u> , 1957 and that death occurred at <u>3:59</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Vernon A. Schuman, M.D.</u>		23b. ADDRESS <u>St. Charles Mo</u>		23c. DATE SIGNED <u>1/3/58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 4, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles, Mo.</u>	
DATE REC'D BY LOCAL REG <u>Jan 3-58</u>		REGISTRAR'S SIGNATURE <u>Marceen Wilson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. C. Bann St. Charles 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.....
Signature of Student Embalmer

Signed.....
P. O. Address.....

Licensed Embalmer No. 3117

P. O. Address.....

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.