THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016204

STATE FILE NUMBER

FILED MAY 15 1959

Registrar's District No. 317 Primary Registration District No. 590 Registrar's No. 1276

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Rock Hill — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Rock Hill Nursing Home — Length of stay in 1b: 2½ Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Maplewood — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 7363 Elm — Reside on Farm: Yes [ ] No [X]

4544

3. NAME OF DECEASED (Type or print): First: Pearl Middle: C. Last: Bachman

4. DATE OF DEATH Month Day Year: May 7th 1959

5. SEX: Female

6. COLOR OR RACE: White

7. MARITAL STATUS: MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: May 20th 1874

9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer

10b. KIND OF BUSINESS OR INDUSTRY: Co-Owner

11. BIRTHPLACE (City and state or country): Trenton Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Nicholas Bachman

13b. MOTHER'S MAIDEN NAME: Cornelia M. Weatherby

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: unk.

17. INFORMANT: Emma Bachman Address: Above

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4200

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-18-57 to 5-7-59 and last saw her alive on 5-4-59
Death occurred at 9:40 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. J. MERKLIN, M.D. A. J. Merklin M.D.

22b. ADDRESS 3507 Potomac 3507 Potomac

22c. DATE SIGNED 5-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5-9-59

23c. NAME OF CEMETERY OR CREMATORY: St Peter's Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

24. FUNERAL DIRECTOR ADDRESS: JAY B. SMITH, Maplewood, Mo.

25. DATE RECD. BY LOCAL REG.: 5-8-59

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 H. B. Burgess

Licensed Embalmer No. 2049

P. O. Address Hightstown

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.