

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-002351

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5895 Registrar's No. 13

AMENDED

FILED JAN 29 1962

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO		b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROCK TOWNSHIP		Length of stay in 1b 10 wks		c. CITY OR TOWN IMPERIAL RURAL	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION FOUR OAKS REST HOME		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RURAL ROUTE IMPERIAL MO	
				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last MARIE BACH			4. DATE OF DEATH Month Day Year JAN. 15 1962		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11 1 1891	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK HOME		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) AUSTRIA	
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME FRANK SITZWOHL		13b. MOTHER'S MAIDEN NAME THERESA STANGEL	
14. NAME OF HUSBAND OR WIFE PETER J. BACH Jr		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT PETER J. BACH Jr		Address IMPERIAL MO			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chr. Myocarditic		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Arteriosclerosis		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour a.m. p.m. Imperial Jefferson Mo	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Imperial Jefferson Mo		
20e. CITY, TOWN, OR LOCATION Imperial Jefferson Mo		20f. COUNTY STATE	

21. I attended the deceased from Death occurred at Imperial Jefferson Mo on July 1960 and last saw her/him alive on Jan 13/62	
22a. SIGNATURE <i>[Signature]</i>	22b. ADDRESS Imperial Jefferson Mo
22c. DATE SIGNED 1/16/62	

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE JAN 18 1962	23c. NAME OF CEMETERY OR CREMATORY LAUREL HILL CEMETERY	23d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY MO
24. FUNERAL DIRECTOR HEILIGTAG FUNERAL HOME IMPERIAL MO	25. DATE RECD. BY LOCAL REG. 1-18-62	26. REGISTRAR'S SIGNATURE <i>Robert E. Bauer</i>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

JAN 30 1962

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 Elmer Heiligtag

Licensed Embalmer No. 3571

P. O. Address Imperial MO

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.