

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **City of St. Louis**)

11120

File No.....
Registered No. **2949**
St. Ward)

2. FULL NAME

(a) Residence. No. **4343 Delmar** St. **19** Ward.
(Usual place of abode)
Length of residence in city or town where death occurred / yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 28 1851**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than I	
				day, hrs.	or min.
	71	11	15		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Furniture Repairer**
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) **England**
(STATE OR COUNTRY)

10. NAME OF FATHER **Benjamin Bache**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **England**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Maria**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **England**
(STATE OR COUNTRY)

14. INFORMANT **Arthur C. Dreyfus**
(Address) **City of St. Louis**

15. FILED **MAR 16 1928** **St. Louis** REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 14 1928**

17. I HEREBY CERTIFY That I attended deceased from **March 13 1928** to **March 14 1928** that I last saw him alive on **March 14 1928** and that death occurred, on the date stated above, at **St. Louis**.

THE CAUSE OF DEATH WAS AS FOLLOWS:
137 Bilateral Nephrosis. -
133A Organism unknown.

CONTRIBUTORY (SECONDARY) **Hypertrophy of Prostate**
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED **135**
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) **Robert H. Simpson** M.D.
of **St. Louis** (Address) **City of St. Louis**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **St. Matthews** **DATE OF BURIAL** **March 16 1928**

20. UNDERTAKER **William S. Schuman** **ADDRESS** **4719**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Jacky