

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

Do not use this space.

MAY 25 1934

14483

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **2812**, Sample)

File No.

Registered No. **3662**

St. Ward)

2. FULL NAME

May George Backschies

(a) Residence, No. **2812** Sample St., **6** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Wh	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Bennett		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 31-1874		
7. AGE YEARS 60	MONTHS	DAYS 10
If LESS than 1 day, hrs. min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Scamples	
	10. Date deceased last worked at this occupation (month and year)	
		11. Total time (years) spent in this occupation

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochester New York
	13. NAME Charles Backschies
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	15. MAIDEN NAME Augusta Path
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	17. INFORMANT (ADDRESS) Mary Backschies 2317 Pine St. St. Louis
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Mount Carmel Wk. Apr. 14 1934	
19. UNDERTAKER (ADDRESS) Chas. J. Stuart 1225 Union Blvd. St. Louis	
20. FILED APR 27 1934 REGISTRAR J. Bredeck	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 11 1934**

22. I HEREBY CERTIFY, That I attended, deceased from **January 1934**, to **April 11 1934**

I last saw h. **in** alive on **March 24 1934** Death is said to have occurred on the date stated above, at **8:40 a.m.**

The principal cause of death and related causes of importance were as follows:
Sarcoma, Mesentery

Date of onset **12/33**

Other contributory causes of importance:

Name of operation..... **No. op** Date of.....

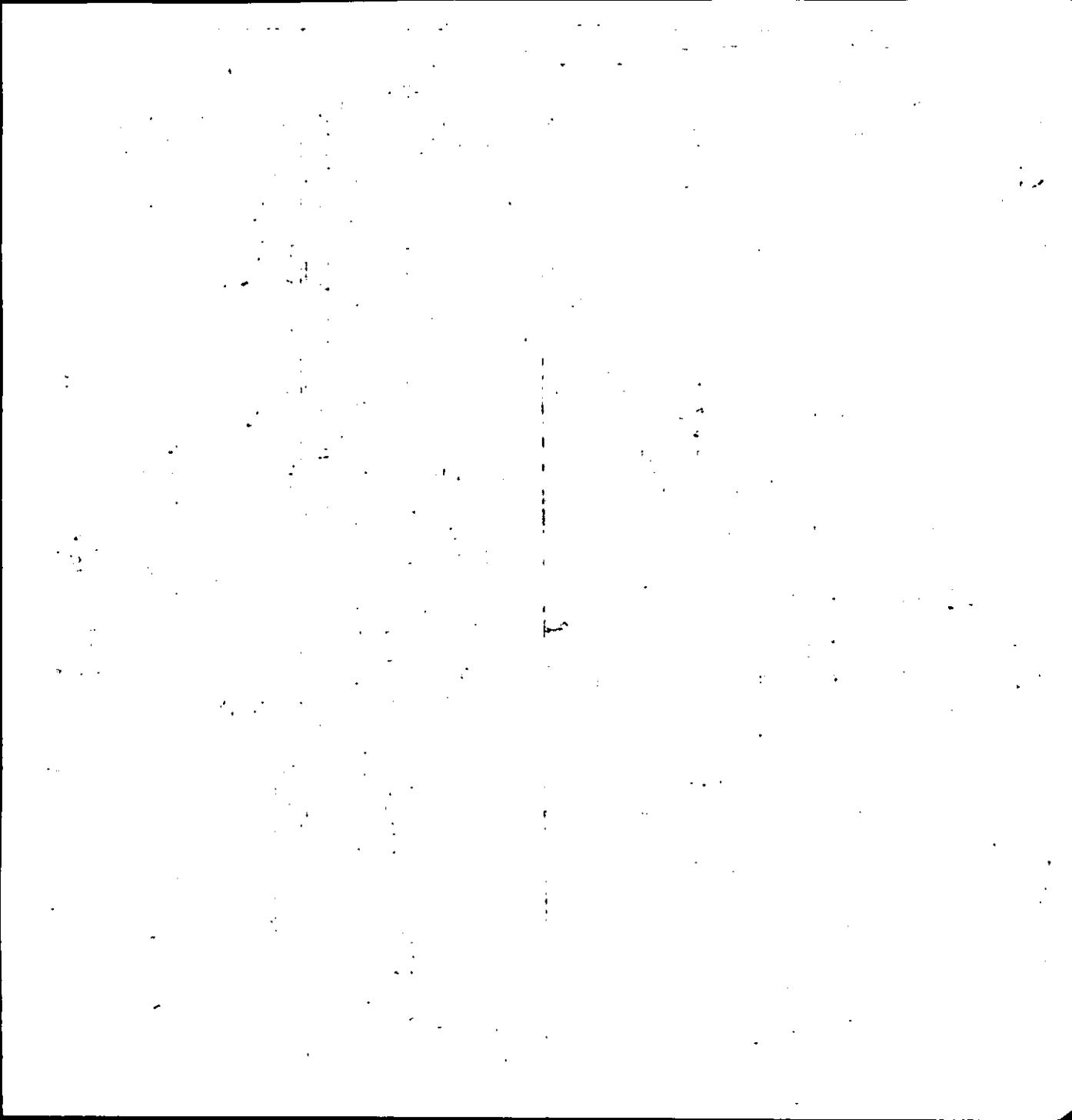
What test confirmed diagnosis?..... Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify **Charles Nelson Debus** M. D.
(Signed) **Barnard Spangler Hoop** (Address) **St. Louis**



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Township.....
City St Louis (No.....)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 3663 Ward.....

2. FULL NAME

Max George Backscheis

(a) Residence, No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED 6-16-1934 J J Brodeur Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from

....., 19.., to....., 19.. I last saw h..... alive on....., 19.. Death is said to have occurred on the m.

The principal cause of death and related causes of importance were as follows:

Sarcinoma, Mesentery Date of onset
lympho-sarcoma of nodes of mesentery

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19..

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) Dr Chas Colburn M. D.
Barnard Dr C Hosp (Address)

SUPPLEMENTARY

S-14483