WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAR 1 1935

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

Do not use this space.

2801

File No.

Registered No. 17

1. PLACE OF DEATH

County St Louis

Registration District No. 790

Township ~~Central~~

Primary Registration District No. 6038E

City Clayton (No. St Louis Co Hospital St. Ward)

2. FULL NAME NIOLA BACH

(a) Residence, No. 105 FORK DRIVE RIVER VIEW GARDENS St., Ward.
(Usual place of abode) (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: FEMALE

4. COLOR OR RACE: WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 25TH 1891

7. AGE: Years 43 | Months 11 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) St LOUIS

FATHER

13. NAME LOUIS M QUINLAN

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

MOTHER

15. MAIDEN NAME LOUISA RUPRECHT

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

17. INFORMANT (ADDRESS) JOHN BACH 105 FORK DRIVE RIVER VIEW GARDENS

18. BURIAL, CREMATION, OR REMOVAL

PLACE CALVARY DATE JAN 10TH 1935

19. UNDERTAKER (ADDRESS) Edward Koch 3516 N 14th St St Louis Mo

20. FILED 1/9 1935 Robt J Aubuchon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/8/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/6/35, 19, to 1/8/35, 19

I last saw her alive on 1/7/35, 19 Death is said to have occurred on the date stated above, at 1:00 a.m.

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

	Date of onset
Cardiac Failure	

Other contributory causes of importance:

Lobar Pneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

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

(Signed) Harry R. Meador, M. D.

(Address) St Louis Co Hosp Clayton Mo.

JUN 17 1943