

FEB 2 1 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. 2419 McNair Avenue)

Registration District No. 791
1003
Primary Registration District No.
St. Ward

File No. 3625
Registered No. 942

2. FULL NAME Edna Bacher

(a) Residence, No. 2419 McNair Avenue St. 23 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 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 Henry J. Bacher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4th, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 9 20

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

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) St. Louis, Missouri
(STATE OR COUNTRY)

13. NAME Edward Houser

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

15. MAIDEN NAME Caroline Wein

16. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri
(STATE OR COUNTRY)

17. INFORMANT Mrs. Caroline Houser
(ADDRESS) 2419 McNair Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE New SS. Peter & Paul, Jan. 28, 1935

19. UNDERTAKER Weick Brothers
(ADDRESS) 201 S. Grand Boulevard

20. FILED JAN 20 1935
19..... J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 24, 193522. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1934, to Jan 24, 1935

I last saw h. (a.) alive on Jan 24, 1935 Death is said to have occurred on the date stated above, at 4:05 P.M.

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

Uterine carcinoma (acute) Date of onset May 34

Other contributory causes of importance: acute Myocarditis Jan 24 35

Name of operation..... Date of.....

What test confirmed diagnosis? Biopsy 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?.....

If so, specify No(Signed) W. Sainsbury M. D.(Address) 3658 - Lafayette

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.

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