

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7547**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 25 1940

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3455th Crittenden St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution No.
(Specify whether
 In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis **16**
(If outside city or town limits, write "RURAL")
 (d) Street No. 3455th Crittenden St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 50 years.

3. (a) PRINT FULL NAME FRANK X. BACKOF

3. (b) If veteran, name war No. 3. (c) Social Security No. 492-03-1888

4. Sex male 5. Color or race white 6. (a) Single, widowed, divorced, married
 6. (b) Name of husband or wife Louise Backof 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased Feb. 12, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 6 25 hr. min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Elevator Operator

11. Industry or business Equitable Building

12. Name Frank Backof

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Jungel

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise Backof

(b) Address 3455th Crittenden St.

17. (a) Burial (b) Date thereof Sept. 9, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Hubbard & Son

(b) Address 1300 S. Jefferson Ave.

19. (a) SEP 11 1940 (b) J. P. Bruck
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6
 year 1940 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Myocarditis
 Due to _____
Arteriosclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 93C
 Of operations _____
 Of autopsy _____

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Joseph M. ... (M. D. or other) _____
 Address _____ Date signed _____

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Joseph A Howard
Licensed Embalmer No. 3941
P. O. Address 4212 ST Lou

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.