

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 2139

1. PLACE OF DEATH:

(a) County St. Louis **REC'D DEC 5 - 1940**
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 32 years
years, months or days

3. (a) PRINT FULL NAME William E. Backer

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rachel C. Backer 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Nov. 12, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 11 29 hr. min.

9. Birthplace Calloway Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Office

11. Industry or business Treasurer Cupples Co.

MOTHER FATHER
12. Name Henry Backer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Lisetta Hagebusch
15. Birthplace Franklin Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Rachel C. Backer
(b) Address 427 Orchard Ave

17. (a) burial (b) Date thereof Nov. 13 '40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director MITTELBERG FUNERAL HOME

(b) Address Webster Groves, Mo.

19. (a) NOV 12 1940 (Date received local registrar)
DR. Meyer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 427 Orchard Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11th
year 1940 hour 6 minute 30 a. 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 Suicide by firearms 11/11/40
(revolver)

Due to Gun shot wounds of the left chest and abdomen (three wounds with points of entrance)

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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) Suicide
(b) Date of occurrence Nov. 11, 1940

(c) Where did injury occur? Webster Groves, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Home (Specify type of place)
while at work no (e) Means of injury

23. Signature John J. Soule (M. D. or other)
Address Coroner of St. Louis Date signed 11/11/40

RECORD - MAKE 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.

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 *J. B. Sullivan*

Licensed Embalmer No. *1122*

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.