

FILED JUN 25 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

16708

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

4226

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
5610 Milentz Avenue  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME Fred L. Backer3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 493-10-30804. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single6.. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased November 16, 1884  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
56 6 3 \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Sp. Louis Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Emameler11. Industry or business Quick Meal Stove Company

MOTHER FATHER  
 { 12. Name Henry Backer  
 18. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Anna Roeben  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Catherine Backer  
(b) Address 5610 Milentz Avenue17. (a) Burial (b) Date thereof May 21, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Old S. S. Peter & Paul Cem.18. (a) Signature of funeral director Wm J. Robert L. & Co.  
(b) Address 1905 So. Grand Blvd.19. (a) MAY 20 1941 (b) J. Bredsch  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town St. Louis 211  
 (If outside city or town limits, write "RURAL") 5  
 (d) Street No. 5610 Milentz Avenue  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. 1 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19  
year 1941 hour 2 minute 55 A. M.21. I hereby certify that I attended the deceased from 5-17-41  
\_\_\_\_\_, 19\_\_\_\_, to 5-19-41, 19\_\_\_\_;  
that I last saw h. / M. alive on 5/19/41, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic sup eardites 6 months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 9 months of death)Major findings  
Of operations noOf autopsy no

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

## 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 W. C. Pfeiffer (M. D. or other) W. C. Pfeiffer  
Address 4523 S. Kings Highway Date signed 5/19/41

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**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.....

*John Hetter*

Licensed Embalmer No. 3880

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.**