S. No. 2
—1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8234

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3102

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

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17
9

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6102a South Grand Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 01 000 17 9

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6102a South Grand Blvd.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Margreth Bachmann

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Bachmann

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 25, 1855
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	6	11	hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name (Unknown) Sauter
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Barbara Bachmann
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Winter
(b) Address 6102a South Grand Blvd.,

17. (a) Burial (b) Date thereof 4-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul's Church Yard

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 South Grand Blvd.

19. (a) APR 7 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th
year 1942 hour 9:20a.m. minute M.

21. I hereby certify that I attended the deceased from Jan 1-42
4-5-42, 19 , to 4-6 , 1942
that I last saw her alive on 4-4- , 1942
and that death occurred on the date and hour stated above.

Immediate cause of death (Acute Myocarditis) Duration 4 Wks

Due to (Chronic) Nephritis 15 yr

Due to 121

Other conditions Age
(Include pregnancy within 3 months of death) 121

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Geo. W. Tormann (M. D. or other)
Address 3832 Washington Blvd. Date signed 4/6/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. G. Koeman,
3500 Washington
12 to 2

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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St Louis Mo

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, fact should be so stated above.