

REC'D DEC 1 1942

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 9818

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

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:
Luthern Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren ¹⁰⁷

(c) City or town Warrenton ^{ONR}
(If outside city or town limits, write "RURAL")

(d) Street No. 4428 Forrest Park
(If rural, give location)

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

3. (a) PRINT FULL NAME John William Backus Jr.

3. (b) If veteran, name war.....

3. (c) Social Security No. 493-01-6146

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1942 hour 7:00 minute..... P. M.

4. Sex Male / 5. Color or race White

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

6. (b) Name of husband or wife Marie Heiden

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Oct. 5th 1886
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day
56 1 18 ..br.min.

Immediate cause of death Pulmonary Thrombosis ^{Duration}
Fracture of right leg; when he was forced to jump out of the path of an unknown automobile in front of #8 S. Newstead, about 1:30 o'clock A.M.,
Due to.....
Due to October 24, 1942

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

10. Usual occupation Machinist

11. Industry or business.....

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

Major findings:
Of operations.....

MOTHER FATHER {
12. Name John W. Backus Sr.
13. Birthplace England /
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Corrigan
15. Birthplace Ireland /
(City, town, or county) (State or foreign country)

Of autopsy.....

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

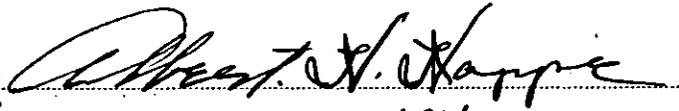
16. (a) Informant Mrs Marie H. Backus
(b) Address 4428 Forrest Park Blvd.
17. (a) Burial (b) Date thereof 11-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Warrenton, Mo.
18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.
19. (a) NOV 24 1942 (b) J. F. Backus
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident ^{AAA}
(b) Date of occurrence Oct. 24, 1942
(c) Where did injury occur? st. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
619 In Public Place
(Specify type of place)
While at work?..... (e) Means of injury.....
23. Signature Thomas F. Callahan (M.D. or other)
Address Deputy Coroner Date signed 11-26-42

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 

Licensed Embalmer No. 1861

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, fact should be so stated above.