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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22754

FILED JUL 17 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6214

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:
Mo. Baptist Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED: 000 17

(a) State Mo. (b) County 7

(c) City or town St. Louis 2
(If outside city or town limits, write "RURAL")

(d) Street No. 4833 Milentz Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Katherine A. Bachle

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Late John L. Bachle

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

7. Birth date of deceased Oct. (Month) 5th (Day) 1862 (Year)

8. AGE: Years 80 | Months 9 | Days 2 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Fred Ballmann
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

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

16. (a) Informant Leonard J. Bachle
(b) Address 4833 Milentz Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUL 8 1943 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th
year 1943 hour 11A.M. minute M.

21. I hereby certify that I attended the deceased from June 20, 1943, to July 7, 1943;
that I last saw her alive on July 6, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cardiac failure	1 day
Due to bronchial Pneumonia	5 days
Due to intertrochanteric fracture of l/t femur	5
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	186
Of autopsy —	18

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)~~ No accident
(b) Date of occurrence 000 No June 7, '43
(c) Where did injury occur? No Home (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? (e) Means of injury Fall

23. Signature R. Ruhling MD (M. D. or other)
Address 1114 Mo. Theatre Bldg Date signed 7-8-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Runling
Mo Theatre Bldg.
Fr 5588 12.30 - 3:30

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 Edwin D. McDermott

Licensed Embalmer No. 3024

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.