

FILED SEP 17 1943 8
Registration District No. **18**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution: **St. John's Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 days**.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Rosina Bachhuber**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Female** / Color or race **White**

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

6. (b) Name of husband or wife **Sebastian**

6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **March 7 1871**
(Month) (Day) (Year)

8. AGE: Years **72** Months **5** Days **27**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **At home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Xavier Eckl**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Theresa Gmeinwieser**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sebastian Bachhuber**

(b) Address **4045 Giles Ave.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **Sep. 8, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **SS. Peter & Paul Cem.**

18. (a) Signature of funeral director **Lillian Sun Notary**

(b) Address **2842 Maramec St.**

19. (a) **SEP 7 1943** (Date received local registrar)

(b) **J. H. Fredrich** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

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

(d) Street No. **4045 Giles Ave.**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **4th.**
year **1943** hour **9** minute **P.** M.

21. I hereby certify that I attended the deceased from **August 6th** 19**43** to **September 4th** 19**43**
that I last saw her alive on **September 4th** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**
Left side

Due to **Hypertensive Cardis**
& Vascular Disease

Due to _____

Duration **2 days**
Over 1 year

Other conditions (Include pregnancy within 3 months of death) **93**

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **Augustus P. Munsch** (M. D. or other)

Address **306 Humboldt Ave** Date signed **9/7/43**

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

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 ME

....., Registered Apprentice No.....
working under my personal supervision.

Signed W E Morris

Licensed Embalmer No. 3360

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.