No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 15 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

Primary Registration District No.

State File No. 25276

Registrar's No. 7276

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: 2410 So. Broadway
(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)

In this community

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. 2127 Rosebud, St. Louis Co. Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henry G. Bacher

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Louise Francis

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased April 27th, 1877 (Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 5 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER

12. Name Henry Bacher

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

14. Maiden name Kathen Hoeper

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

16. (a) Informant Mrs. Henry Bacher

(b) Address 2127 Rosebud, St. Louis Co., Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/6/47 (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Wacker-Holderle U. & F. Co.

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) AUG 5 1947 (Date received local registrar) (b) J. F. Bielick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2nd year 1947 hour 7 minute 53 P.M.

21. I hereby certify that I attended the deceased from Aug 1, 1947 to Aug 2, 1947 that I last saw him alive on Aug 1, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Paralytic Strokes (2)	14 days
Due to	
Due to	
Other conditions Epileptiform Convulsions (Include pregnancy within 3 months of death)	6 years

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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)

(e) While at work? (f) Means of injury

23. Signature Leroy E. Ellison (M. D. or other) MD

Address 3610 So. Broadway Date signed 8-4-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.