

#56367

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2429

State File No. ....

FILED FEB 2 1949

318

1003

Registrar's No. 695

|  |                                  |  |   |  |  |  |  |
|--|----------------------------------|--|---|--|--|--|--|
| BIRTH NO. _____  |                                  | REG. DIST. NO. _____   |   | PRIMARY REG. DIST. NO. _____   |  | Registrar's No. 695  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |                                  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u><br>b. COUNTY _____ |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>   |                                  | c. LENGTH OF STAY (In this place) _____  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>                                    |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>  |                                  |  |   | d. STREET ADDRESS (If rural, give location) <u>4230 Beethoven</u>  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>CHARLES</u><br>b. (Middle) _____<br>c. (Last) <u>BACH Sr.</u>  |                                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Jan. 23rd 1949</u> |  |  |  |  |
| 5. SEX<br><u>male</u>  | 6. COLOR OR RACE<br><u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>married</u>   | 8. DATE OF BIRTH<br><u>April 15, 1864</u>                         | 9. AGE (In years last birthday)<br><u>84</u>   | IF UNDER 1 YEAR<br>Months _____ Days _____       | IF UNDER 4 HRS.<br>Hours _____ Min. _____                                |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>retired</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>gardener</u>   |   | 11. BIRTHPLACE (State or foreign country)<br><u>Alsace-Lorraine</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>9</u>                                 |  |
| 13a. FATHER'S NAME<br><u>Charles Bach</u>  |                                  |  | 13b. MOTHER'S MAIDEN NAME<br><u>—</u>                             |  | 14. NAME OF HUSBAND OR WIFE<br><u>Marie Bach</u> |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>NO.</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Marie Bach 4230 Beethoven Ave.</u>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                          |                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerosis</u><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>8:20 4:50</u> |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>13 days</u>                       |  |
| 19a. DATE OF OPERATION _____   |                                  | 19b. MAJOR FINDINGS OF OPERATION _____   |   |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____   |                                  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____   |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____  |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____   |                                  | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>   |   | 21f. HOW DID INJURY OCCUR?<br><u>8:20 4:50</u>   |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>1/10/49</u> 19, to <u>1/23/49</u> , 19, that I last saw the deceased alive on <u>1/23/49</u> , 19, and that death occurred at <u>6:20P</u> m., from the causes and on the date stated above. |                                  |  |   |  |  |  |  |
| 23a. SIGNATURE (Type or Print)<br><u>W. M. Linden M.D.</u>   |                                  |  |   | 23b. ADDRESS<br><u>1515 Lafayette Ave.,</u>  |  | 23c. DATE SIGNED<br><u>1/24/49</u>                                       |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>   |                                  | 24b. DATE<br><u>1-26-49</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Sunset Burial Park</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis Mo.</u>    |  |
| DATE REC'D BY LOCAL REG.<br><u>JAN 24 1949</u>   |                                  | REGISTRAR'S SIGNATURE<br><u>J. B. Sasser</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>J. L. Ziegenhein &amp; Sons 7027 Gravois Ave.</u>                                 |  |  |  |

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

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**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Frank A. Owens.*

Licensed Embalmer No. *2245*

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.