

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2430

State File No.
Registrar's No. **156**

FILED JAN 19 1949

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No. 156					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____									
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 5722 Page Blvd.							
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital				d. STREET ADDRESS (If rural, give location) 5722 Page Blvd.									
3. NAME OF DECEASED (Type or Print) a. (First) Rose			b. (Middle) M.			c. (Last) Bachman			4. DATE OF DEATH (Month) 1 (Day) 6 (Year) 1949				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Apr. 3, 1892		9. AGE (In years last birthday) 56		if UNDER 1 YEAR Months 9 Days 3		if UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) Wisconsin			12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME John Baker				13b. MOTHER'S MAIDEN NAME Emma Becker				14. NAME OF HUSBAND OR WIFE William Bachman					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Dolly Kenyon - 5722 Page Blvd.							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatous Abdomen ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adenocarcinoma, Prostate DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. H9 174A								INTERVAL BETWEEN ONSET AND DEATH 10 months			
19a. DATE OF OPERATION 3/2/49		19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma, both Prostate										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____									
22. I hereby certify that I attended the deceased from March 2, 1948 , to June 5, 1949 , that I last saw the deceased alive on June 5, 1949 , and that death occurred at 4:42 p.m. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Thermond Greener D.						23b. ADDRESS 4500 Plum St			23c. DATE SIGNED 1/6/49				
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1/8/49		24c. NAME OF CEMETERY OR CREMATORY _____				24d. LOCATION (City, town, or county) (State) Toledo, Ohio					
DATE REC'D BY LOCAL REG. JAN 7 1949				REGISTRAR'S SIGNATURE J.B. Lancaster				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral - 1905 Union Blvd.					

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

Dr. Theo. Greiner (1-3:30)
4500 Olive

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 Albert R. Thompson

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.