

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24565

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

State File No. **6283**  
Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>6283</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>			c. LENGTH OF STAY (In this place) <b>60</b> years	c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>			_____		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3637 Chippewa St.</b>				d. STREET ADDRESS (If rural, give location) <b>3637 Chippewa St.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elizabeth</b>		b. (Middle) _____		c. (Last) <b>Bachmann</b>		4. DATE OF DEATH (Month) <b>July</b> (Day) <b>17</b> (Year) <b>1949</b>		_____	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>September 5, 1867</b>		9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Jacob, Ill.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Michael Goldenberger</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Hochuli</b>		14. NAME OF HUSBAND OR WIFE <b>Conrad Bachmann</b>			_____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Miss Alma Bachmann</b>			ADDRESS <b>3637 Chippewa St.</b>		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <b>Coronary thrombosis</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>General arteriosclerosis</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>No operation</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <b>9</b>		_____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4.5-00</b>					
22. I hereby certify that I attended the deceased from <b>July 17, 1949</b> , to <b>July 17, 1949</b> , that I last saw the deceased alive on <b>July 17, 1949</b> , and that death occurred at <b>12:30A</b> mt., from the causes and on the date stated above.									
23a. SIGNATURE <b>B. W. Klippel, M.D.</b> (Degree or title) <b>U</b>				23b. ADDRESS <b>3701 Grandel Square</b>			23c. DATE SIGNED <b>7/18/49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 20, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>10180 Gravois Rd.</b>				
DATE REC'D BY LOCAL REG. <b>JUL 19 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Pasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Beiderwieden F.H. Inc.</b>		ADDRESS <b>1936 St. Louis Ave.</b>			

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Max L. Warfel*

Licensed Embalmer No. *4170*

P. O. Address *1936 St. Louis Ave*

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.