

## STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED JUN 6 1952

BIRTH NO. 32772

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4581

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis MISSOURI		c. LENGTH OF STAY (in this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis 2749		d. STREET ADDRESS (If rural, give location) 24 3009 SALENA
3. NAME OF DECEASED (Type or Print) GARY MELTON REICKEN BACKER			4. DATE OF DEATH (Month) (Day) (Year) 5 16 52		
5. SEX 0	6. COLOR OR RACE MALE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 5-14-52		9. AGE (in years last birthday) IF UNDER 1 YEAR Months Days Hours Min. 1 day
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) ST. Louis MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME MELTON H REICKEN BACKER		13b. MOTHER'S MAIDEN NAME DOROTHY JEAN PESEK	14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME MILTON REICKEN BACKER, 3009 SALENA		ADDRESS
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.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Steleptasis (of Newborn)		INTERVAL BETWEEN ONSET AND DEATH 1 day
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) (mild) cerebral hemorrhage		
			DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 760.0			
22. I hereby certify that I attended the deceased from 5/14/52, 1952, to 5/16/52, 1952, that I last saw the deceased alive on 5/16/52, and that death occurred at 7:30 p.m., from the causes and on the date stated above.					
23a. SIGNATURE G. William Porell M.D.		23b. ADDRESS 4930 Findell Dr. 63006 (E. S.T.)		23c. DATE SIGNED 5/16/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-17-52	24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS	24d. LOCATION (City, town, or county) St. Louis	(State) MO	
DATE REC'D BY LOCAL REG. MAY 16 1952	REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE MRS. HOYDELL FUNERAL HOME		ADDRESS 1926 AKSEN.

**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 \_\_\_\_\_

*Not Embalmed*

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Dale A. Sherman*

Licensed Embalmer No. *112*

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.