No. 300
10.46

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

FILED MAY 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15432

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4230

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Alexian Brothers Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: North Dakota
b. COUNTY
c. CITY OR TOWN: Bismark
d. Is Residence within limits of a city or incorporated town? Yes XK No ☐
e. STREET ADDRESS (If rural, give location): 8330

3. NAME OF DECEASED (Type or Print)
a. (First): Rev.
b. (Middle): Arnold
c. (Last): Backes

4. DATE OF DEATH (Month) (Day) (Year): April 22, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 21, 1902
9. AGE (In years last birthday): 50 — 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): Priesthood
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (City and State or Foreign Country): Minnesota
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: -----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: ----
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Brother Louis - 3933 S. Broadway

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fr of Vertebrae, lumbar and cervical; Pulmonary edema.
DUE TO (b)
DUE TO (c)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

~~suffered when deceased fell while attempting to escape by shut~~ ladder while suffering a mental aberration at Alexian Bros Hosp.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: about 715 pm April 9 1953 Accident
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hosp
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr 9 53 7 15 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? E9027

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:15 p.m., from the causes and on the date stated above.* 4.5

23a. SIGNATURE: Patrick E. Taylor (Degree or title): Coroner
23b. ADDRESS: 1800 Clark
23c. DATE SIGNED: 4.24.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Apr. 24, 1953
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Bismark, North Dakota

DATE REC'D BY LOCAL REGISTRAR: APR 24 1953
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Wacker-Helderle 3634 Gravois Ave.

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 69

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.