No. 300
10.48

FILED NOV 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. 38521

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8751

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): DePaul Hospt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St.Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City 4-356
d. STREET ADDRESS (If rural, give location): 6308 Olive St. Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): F
c. (Last): Bach

4. DATE OF DEATH (Month) (Day) (Year): 9/24/54

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 22 1875
9. AGE (In years last birthday): 79 — If under 1 year: Months / Days; If under 1 hr.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired- Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Leschen Rope Co.
11. BIRTHPLACE (State or foreign country): St.Louis,Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Bach
13b. MOTHER'S MAIDEN NAME: Unk
14. NAME OF HUSBAND OR WIFE: Sarah B Bach Dec

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 494 10 9234
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Belva Martin 6533 Etzel Ave.

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): Arterio-sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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 [X] NO [ ]

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 WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

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22. *I hereby certify that I attended the deceased from* Sept.11, 1954, *to* Sept. 24, 1954, *that I last saw the deceased alive on* Sept. 24, 1954, *and that death occurred at* 9:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank R Finnegan M D
Frank R Finnegan M.D.
23b. ADDRESS: 539 N. Grand, St.Louis, 3, Mo.
23c. DATE SIGNED: 9/25/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/27/54
24c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Cem.
24d. LOCATION (City, town, or county) (State): St.Louis Co,Mo.

DATE REC'D BY LOCAL REG.: SEP 27 1954
REGISTRAR'S SIGNATURE: J Carl Smith MD
MDB
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Jos.W.Clark 1125 Hodiamont Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamon

Signed.....
Student Embalmer

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

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