

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030123

STATE FILE NUMBER

FILED SEP 15 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7753

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>ST. LOUIS</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>		c. CITY OR TOWN <i>WEBSTER GROVES</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>LUTHERAN HOSPITAL</i>		d. STREET ADDRESS (If outside, give location) <i>112 HOLLY DRIVE</i>	
3. NAME OF DECEASED (Type or print) First <i>HENRY</i> Middle <i>BACHMANN</i> Last <i>BACHMANN</i>		4. DATE OF DEATH Month <i>AUG.</i> Day <i>8,</i> Year <i>1958</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>JUNE 28, 1875</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>
13a. FATHER'S NAME <i>NOT KNOWN</i>		13b. MOTHER'S MAIDEN NAME <i>NOT KNOWN</i>	14. NAME OF HUSBAND OR WIFE <i>ANNA (DECEASED)</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <i>NO</i> ; unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>NONE</i>	17. INFORMANT <i>BOB BRINKMANN</i> Address <i>102 N. BALLAS RD.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bacterio-intestinal Hemorrhage</i>			INTERVAL BETWEEN ONSET AND DEATH <i>15 hrs.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Hypertension</i>			<i>years</i>
DUE TO (c) <i>Atherosclerosis, generalized</i>			<i>years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>8/14/58</i> to <i>8/8/58</i> and last saw him alive on <i>8/8/58</i> . Death occurred at <i>11:40 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Robert H. Carson, M.D.</i>		22b. ADDRESS <i>4401 Hampton Ave</i>	22c. DATE SIGNED <i>8/9/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>8/11/1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>NEW ST. MARCUS CEM.</i>	23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS CO., MO.</i>
24. FUNERAL DIRECTOR <i>J L ZIEGENHEIN & SONS</i> ADDRESS <i>7027 GRAVOIS</i>		25. DATE RECD. BY LOCAL REG. <i>AUG 11 '58</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>

SEP 22 1958

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
Signature of Student Embalmer

Signed *C. P. Kudwea*

Licensed Embalmer No. *3877*
P. O. Address *7027 Travis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.