DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27701

REC'D SEP 14 1939 791

Registration District No. 1008

Primary Registration District No.

Registrar's No. 7201

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Dr. Townsedns office 6953 Gravois 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 48 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri / (b) County

(c) City or town St. Louis 2
(If outside city or town limits, write "RURAL")

(d) Street No. 4623 Loughborough
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Oliver A. Baehle 407

3. (b) If veteran, name war World War

3. (c) Social Security No. 708-14-6273

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife --

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased April (Month) 4, (Day) 1891 (Year)

8. AGE: Years 48 Months 4 Days 14 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) C

10. Usual occupation Clerk C

11. Industry or business Missouri Pacific C

FATHER
12. Name Joseph Baehle
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mathilda Schotte
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Rose Hoffman
(b) Address 4623 Loughborough

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/21/39 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Wacker-Feldevile
(b) Address 2331 S. Broadway

19. (a) AUG 19 1939 (Date received local registrar) (b) J. P. Budek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18, year 1939 hour 10 minute a. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary Occlusion
Infarct in left ventricle wall

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

23. Signature Alfred G. Perry (M. D. or other)
Address Deputy Coroner Date signed 8-19-39

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39
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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 Robert Wheeler, Registered Apprentice No. ....., working under my personal supervision.

Signed Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo.

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, above space should be left blank.