

JAN 12 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41453
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
(b) Township St. Louis Primary Registration District No. 1003 Registered No. 10576
(c) City St. Louis (d) Street No. Mo. Baptist Hosp. St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1000 Infant Child Baur St. NR De Soto Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6-1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Oliver L. Baur

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Soto Mo

MOTHER 15. MAIDEN NAME Maidy L. Happer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Oliver L. Baur

18. BURIAL, CREMATION, OR REMOVAL PLACE De Soto Mo DATE Dec 9, 1939

19. FUNERAL DIRECTOR (ADDRESS) W. W. Thershead
De Soto, Mo.

20. DECEASED DEC 11 1939 19 J. B. Biduch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) About Dec 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from on Dec 7, 1939, to 19

I first saw him alive on sett - born, 1939. Death is said

to have occurred on the date stated above, at 1018 7/2

The principal cause of death and related causes of importance were as follows:

Septicemia of mother Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury, 1939

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify St. Louis

(Signed) St. Louis M. D.

(Address) 634 N. Grand Bl.

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.

10576

10576

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

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.)