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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 22915

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1199

**1. PLACE OF DEATH:**

(a) County St Louis

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

(c) Name of hospital or institution: Conway Rd Clayton R.R .1 (If not in hospital or institution, write street number or location)

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St Louis

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. Conway Rd Clayton R.R.#1 B 582 (If rural, give location)

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

3. (a) PRINT FULL NAME Henry Bair

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Bair

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May (Month) 27 (Day) 1870 (Year)

8. AGE: Years 70 Months 0 Days 26 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Jacob Bair
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Och's
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Bair

(b) Address Conway Rd Clayton R.R.#1 Box 582

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-40 (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Louis H. Bopp

(b) Address 131 W Argonne Dr Kirkwood Mo.

19. (a) JUN 24 1940 (Date received local registrar) (b) R R Meyer MD Dr PH (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 23 year 1940 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: Coronary occlusion

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? no (e) Means of injury

23. Signature John O Connell (M. D. or other)

Address Coroner of St. Louis County Date signed

(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 embalmed by me, or by John M Meyer, Registered Apprentice No. ..... working under my personal supervision.

Signed John M Meyer

Licensed Embalmer No. 3288

P. O. Address 3402 Adams Ave Hirtenwald, Ind

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

**If this body is not embalmed, above space should be left blank.**