

No. 2
13-40
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

331540

State File No. _____

1940 OCT 10 1940
Registration District No. 1784

Primary Registration District No. 111

Registrar's No. 1731

1. PLACE OF DEATH:

(a) County ST. Louis

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

(c) Name of hospital or institution: St. Marys Hosp.
(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)

3. (a) PRINT FULL NAME Un-Named

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: 9 - 9 - 40
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. 10-15 min.

9. Birthplace Richmond Heights Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Federick Oliver Baahmann

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Melba Margaret Kerttala

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mother - Melba Baahmann

(b) Address 9626 LITZINGER - Ladue Village

17. (a) _____ (b) Date thereof 9-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Hosp.

18. (a) Signature of funeral director St. Louis

(b) Address Md. for Registrar

19. (a) SEP 12 1940 (b) _____
(Date received local registrar) (Date received State registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 9626 LITZINGER
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9TH year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 9-9-40 19____, to _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Premature Labor from Premature Separation of a low lying Placenta.

Due to _____

Due to _____

Other conditions: 154
(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: no

(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? 707 (Specify type of place) _____

(e) Means of injury _____

23. Signature Funeral Director (M. D. or other) _____

Address 1006 Big Bend Date signed _____

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.