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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40744
Registrar's No. 10515

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether years, months or days)
In this community Fifty-one years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2633 South Fifty-ninth Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Fifty-one years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21,
year 1940 hour 10:10 minute A. M.

21. I hereby certify that I attended the deceased from December
19, 1940, to December 21, 1940,
that I last saw him alive on December 21, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death

Regenerative Heart Disease

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

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? _____

While at work? _____

(Specify type of place)

(a) Means of injury _____

23. Signature [Signature] (M.D. or other)
Address 1515 Lafayette Ave. Date signed 12/20/40

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

3. (a) PRINT FULL NAME Sigmond Baehr

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Brinker Baehr 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Feb. 14, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 7 hr. min.

9. Birthplace Hanover Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Cigar Clerk (Retired)

11. Industry or business Drug Store

12. Name Herman Baehr

13. Birthplace Hanover Germany
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Freudenberg

15. Birthplace Hanover Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Baehr

(b) Address 2633 Souty Fifty-Ninth Street

17. (a) Burial (b) Date thereof Dec. 23/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 1519 South Grand 3lyd

19. (a) 12-22-1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

Arnold W. Schiene

Licensed Embalmer No.

3864

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, fact should be so stated above.