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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4422 e

FEB 14 1941

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 73

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:
R.R. #13 Topping Rd.
(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 Joseph Fahr

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 Widowed

6. (b) Name of husband or wife Mary

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

7. Birth date of deceased March 4 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Fahr

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

14. Maiden name Unknown

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

16. (a) Informant Leonard Fahr

(b) Address Topping Road RR 13 Bonhomme Mo

17. (c) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-41
(Month) (Day) (Year)

(c) Place: burial or cremation St Pauls Cemetery

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

(b) Address 131 W Argo Ave Dr Kirkwood Mo

19. (a) JAN 13 1941 (Date received local health authority) (b) Registrar's signature J. H. Meyer

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

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

(d) Street No. R.R. #13 Topping Rd
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12 year 1941 hour 6 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan. 8 1941 to Jan 12 1941; that I last saw him alive on Jan 11 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial pneumonia
Chronic pyelo condition
Senility

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 Henry Scott (M. D. or other M.D.)
Address Bellvue, Mo Date signed 1/13/41

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

Dr of Scott

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.....

Louis H Bopp....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Louis H Bopp*.....
Licensed Embalmer No. *Ed 1*.....
P. O. Address *Kirkwood 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.