

7 DEC 29 1943 318

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 11285

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
MISSOURI PACIFIC HOSPITAL 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 DAYS
(Specify whether)
 In this community 15 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County ST. LOUIS
 (c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
 (d) Street No. 754 E. PACIFIC AVE
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Charles Alfred Bair
 (b) If veteran, name war NO
 (c) Social Security No. 702-14-6652

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 12 day 18
 year 1943 hour 6 minute 00 A. M.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife SADIE IRENE BAIR
 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased SEPTEMBER 29 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-9, 1943, to 12-18, 1943, that I last saw him alive on 12-18, 1943; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
59 2 19 hr. _____ min.

Immediate cause of death Coronary Occlusion
 Duration _____

9. Birthplace PERRY CO. PENN 1
(City, town, or county) (State or foreign country)

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

10. Usual occupation SWITCHMAN

11. Industry or business MO. PACIFIC R.R.
 12. Name HENRY BAIR
 13. Birthplace UNKNOWN PENN. 1
(City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN FLECK
 15. Birthplace UNKNOWN PENN. 1
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Sadie J. Bair
 (b) Address 754 E. PACIFIC AVE.
 17. (a) BURIAL (b) Date thereof DEC 22 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation VAL HALLA

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 _____

18. (a) Signature of funeral director Parker and Co.
 (b) Address Webster Groves, Mo.
 19. (a) DEC 20 1943 (b) J. F. Bredsch
(Date received local registrar) (Registrar's signature)

23. Signature Harold Steele (M. D. or other)
 Address 1755 S. Grand Date signed 12-18-43

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

MOTHER FATHER

4616

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 C C Aldrich

Licensed Embalmer No. 13321

P. O. Address Webster Groves 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.