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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 11 1945**  
Registration District No. 316

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17962  
Registrar's No. 30

Primary Registration District No. 6075

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

1. PLACE OF DEATH:  
(a) County St. Francois  
(b) City or town Farmington RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mo. State Hospital No. 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 das.  
(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 St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3225 Montgomery  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BERNARD BAEHR  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 9  
year 1945 hour 7 minute 30 A. M.

4. Sex Male 5. Color or face W.  
6. (a) Single, widowed, married, Single  
Divorced  
6. (b) Name of husband or wife None  
6. (c) Age of husband or wife if alive 1899 years  
7. Birth date of deceased Sept. 1  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from  
April 23, 1945 to May 9, 1945  
that I last saw him alive on May 9, 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years 45 Months 8 Days 8  
If less than one day  
hr. min.

Immediate cause of death Acute coronary occlusion  
Duration \_\_\_\_\_

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

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

10. Usual occupation None

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations None  
Of autopsy No autopsy.

MOTHER FATHER {  
11. Industry or business \_\_\_\_\_  
12. Name Sigmund Baehr  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Brinker  
15. Birthplace Washington Missouri  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Records State Hospital No. 4  
(b) Address Farmington, Mo.  
17. (a) Burial (b) Date thereof 5-11-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

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)

(c) Place: burial or cremation Valhalla Cem., St. Louis, Mo.  
18. (a) Signature of funeral director Rowland Mortuary  
(b) Address 4355 Washington, St. Louis, Mo.  
19. (a) 5/15/45 (b) Ether Rudloff  
(Date received local registrar) (Registrar's signature)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Mo.  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) MD  
Address St. Louis Mo Date signed 5-11-45

Health Officer No. 4  
District File Number 645-726  
Date Filed 6-2-45

JUN 12 1945

**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 Bert J. Miller  
Licensed Embalmer No. 3752  
P. O. Address Farmington, 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.