

S. No. 2
-12-45
5-17-39
P. 11-47070

FILED JUN 15 1948

Registration District No. _____ Primary Registration District No. 6576

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Manchester Nursing Home & Sanatorium 0'
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 days
(Specify whether years, months or days)

In this community 22 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 5044 1/2 WINDONA AVE
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louis Fred Baebler

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

4. Sex male 5. Color or race white

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

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

7. Birth date of deceased SEPT. 14 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 8 15 hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1948 hour 8:40 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 7, 1948, to May 29, 1948; that I last saw him alive on May 28, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

chr. myocarditis
chr. hypertension

Due to Previous st. hemiplegia 5 yrs

Due to 93d

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace ST. LOUIS MO. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation PAINTER

11. Industry or business RETIRED 15 YEARS

MOTHER FATHER { 12. Name LOUIS BAEBLER

{ 13. Birthplace ST. LOUIS MO. 0
(City, town, or county) (State or foreign country)

{ 14. Maiden name BERTHA NIEDEREITER

{ 15. Birthplace ST. LOUIS MO. 0
(City, town, or county) (State or foreign country)

16. (a) Informant MISS BERTHA BAEBLER

(b) Address 5044 1/2 WINDONA AVE.

17. (a) BURIAL (b) Date thereof 6-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CONCORDIA CEM.

18. (a) Signature of funeral director KRIEGSHAUSER UND.

(b) Address 4228 S. KANGSHIGHWAY

19. (a) 6-1-48 (b) Gene G. ...
(Date received local registrar) (Registrar's signature)

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 E. H. Denny (M.-D. or other) _____

Address Creole Cocon, Mo. Date signed 5-30-48

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 Richard W. Stovesand
Licensed Embalmer No. 4007
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.