

FILED APR 25 1952

STANDARD CERTIFICATE OF DEATH

State File No. 15132
Registrar's No. 1060

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 607		Registrar's No. 1060			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - BONHOMME		c. LENGTH OF STAY (In this place) 1 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - BONHOMME		474 0/2			
d. FULL NAME OF HOSPITAL OR INSTITUTION Vandover Road				d. STREET ADDRESS (If rural, give location) Vandover Road					
3. NAME OF DECEASED (Type or Print) John Baier			a. (First) John			b. (Middle) Baier			
c. (Last) Baier			4. DATE OF DEATH Apr. 20, 1952			a. (Month) (Day) (Year)			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH Nov. 12, 1860		9. AGE (In years last birthday) 91	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Glencoe Lime Co.		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Unknown Baier			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Elizabeth Schaedler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Agnes Guibor, Valley Park, Mo.				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis R# 2				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Cardiovascular Sclerosis 10 yrs.				DUE TO (c) Senility 20 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Infermities of age 70 yrs.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4/21		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE* HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 4-19, 1952, to 4-19, 1952, that I last saw the deceased alive on 4-19, 1952, and that death occurred at 3:55A m., from the causes and on the date stated above.									
23a. SIGNATURE C. E. Bennett, M.D.				23b. ADDRESS Valley Park, Mo.		23c. DATE SIGNED 4-21-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 22, 1952		24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery		24d. LOCATION (City, town, or county) (State) Pond, Missouri			
DATE REC'D BY LOCAL REG. 4-21-52		REGISTRAR'S SIGNATURE Herbert R. Donke MD		25. FUNERAL DIRECTOR'S SIGNATURE Schraden		ADDRESS NW Funeral Home, Ballwin, Mo.			

WRITE PLAINLY—USING 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

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Theo. Schrader

Licensed Embalmer No. *3066*

P. O. Address *Baltimore, Md.*

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.