

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 243791 REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Perry County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ste Genevieve</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Perryville</u>		c. LENGTH OF STAY (In this place) <u>11</u> days	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perry County Memorial Hospital</u>		16. CITY OR TOWN <u>Ste Genevieve</u>	
		17. STREET ADDRESS (If rural, give location) <u>10951</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Sharon</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Bahr</u>	(Month) <u>Jan.</u>	(Day) <u>23</u>	(Year) <u>1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>January 12, 1954</u>	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months <u>11</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Perryville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		

13a. FATHER'S NAME <u>Archie F. Bahr</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Lou Basler</u>	14. NAME OF HUSBAND/OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go on or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Archie Bahr</u>
		ADDRESS <u>Ste. Genevieve, Missouri</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral edema</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Spina Bifida</u> DUE TO (c) <u>Hydrocephalus</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7.51 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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 Jan 12, 1954, to Jan 23, 1954, that I last saw the deceased alive on Jan 23, 1954, and that death occurred at 2:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph F. Lutterwitz MD</u>	(Degree or title)	23b. ADDRESS <u>St. Mary's Mo</u>	23c. DATE SIGNED <u>1-24-54</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 24, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ste. Genevieve, Missouri</u>

DATE REC'D BY LOCAL REG. <u>1-25-54</u>	REGISTRAR'S SIGNATURE <u>Jos J. Zoellner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph H. Souder</u>	ADDRESS <u>Ste. Genevieve Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Jerome H. Scuto

Licensed Embalmer No. 38

P. O. Address *St. Genevieve*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.