X
pt. Health,
c., & Welfare
S. Public
lth Service

V. S. 300
ev. 1-57

FILED DEC 20 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

45578

STATE FILE NUMBER 12010

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 38 D.O.A. City Hospital — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1634 Park Ave 22310 — Reside on Farm Yes ☐ No ☐
3. NAME OF DECEASED (Type or print) First Margaret Middle Last Bahr.	4. DATE OF DEATH Month Day Year 12-11-57
5. SEX Female — 6. COLOR OR RACE White — 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH 1029-1880 — 9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months 1 Days 12 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife — 10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Breeze, Illnois — 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Schulte — 13b. MOTHER'S MAIDEN NAME Dont Know	14. NAME OF HUSBAND OR WIFE Geo. Bahr
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Fred Kress Address 1449 Tamm Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Lacerations of the Brain.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiple Fractures.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS NOT TRIBUTARY TO DEATH but not related to the terminal disease or condition given in PART I (a)

Pushmown automobile driven by unknown driver, in front of 2208 Sidney Str., around 645 pm., December 11, 1957

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☑

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY 645 Hour p.m. Month, Day, Year 12 11 57

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 23 Street

20f. CITY, TOWN, OR LOCATION St. Louis COUNTY Mo STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 700 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James M. Kelly Deputy Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 12-14-57

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	12-16-57	SS. Peter and Paul	St. Louis Missouri.

24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Thomas J. Finan 1519 S. Grand Blvd.	DEC 14 57	J. Earl Smith, M.D. G.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 Stanley H. Dixon

Licensed Embalmer No. 4693

P. O. Address St. L

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.