

MAY 20 1930

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

17314

## 1. PLACE OF DEATH

County St. LouisRegistration District No. 1170Township CentralPrimary Registration District No. 6247NCity Richmond Mo.No. St. Marys

File No. ....

Registered No. 112

St. .... Ward)

## 2. FULL NAME

(a) Residence. No. 2714 Lyndhurst St. .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Marie Baedeker

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Oct 7 1868

## 7. AGE

YEARS

61

MONTHS

6

DAYS

29

If LESS than 1 day, ..... hrs. or ..... min.

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

St. Charles

(STATE OR COUNTRY)

Missouri

## 10. NAME OF FATHER

Dietrich Baedeker

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

## 12. MAIDEN NAME OF MOTHER

Don't know

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

## 14. INFORMANT

(Address)

Mrs. Marie Baedeker  
2714 Lyndhurst

## 15. FILED

5/10 1930C. L. Jensen

REGISTRAR

## 2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 193017. I HEREBY CERTIFY, That I attended deceased from 8 P.that I last saw him alive on 11, 1930, and that death occurred, on the date stated above, at 6:15 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Accidental Fall from scaffold of building.1864 (duration) yrs. mos. ds.CONTRIBUTORY (SECONDARY) Multiple Fractures(duration) yrs. mos. ds. 10

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Hampton Park, St. Louis CountyDID AN OPERATION PRECEDE DEATH? No DATE OFWAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) John O. Colwell, M. D.5/7 1930 (Address) Forward of St. Louis County

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

## 19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Lutheran Cemetery  
St. Charles Mo.5-10 1930

## 20. UNDERTAKER

ADDRESS

Geo. L. Pleitach5966 Easton

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

