

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

Do not use this space.

22852

JUL 24 1936

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 2563, Wilham Road) St. _____ Ward _____

2. FULL NAME Peter Baehr
 (a) Residence, No. 2563 Wilham Road st. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>57</u>	<u>2</u>	<u>25</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk in County

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk's office

10. Date deceased last worked at this occupation (month and year) _____ **11. Total time (years) spent in this occupation** 25 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cologne Germany

13. NAME William Baehr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

15. MAIDEN NAME Anna Barbara Koeningdorf

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT (ADDRESS) Mrs. Grace McKee 2563 Wilham Road

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary DATE June 10, 1936

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 207 West Lincoln

20. FILED 6/9 1936 M. M. Corone
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1936

22. I HEREBY CERTIFY That I attended deceased from 11:22, 1936, to June 8, 1936.
 I last saw him alive on June 8, 1936. Death is said to have occurred on the date stated above, at 7:30 P. m.
 The principal cause of death and related causes of importance were as follows:
Coronary atherosclerosis

Date of onset June 8/36

Other contributory causes of importance:
Diabetes mellitus Feb. 1934

Name of operation none Date of _____
 What test confirmed diagnosis? symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Otto H. Hoffmann, M. D.
 (Address) 806 Riatts Bldg.

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.

816 Rialto Bldg.