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

FEB 8 1937

Do not use this space.

791

1003

File No. 3978

Registered No. 1018

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. Park Lane Memorial Hosp St. ..... Ward)

2. FULL NAME Leopold Baeyen

(a) Residence, No. 4117 TAFT St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Mathilda Baeyen.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21-1876

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 921

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wosse Tailoring Co.

10. Date deceased last worked at this occupation (month and year) 1-5-37

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgium 4

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT Mathilda Baeyen
(ADDRESS) 4117 Taft

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ Missouri Crematory DATE 1-23 1937

19. UNDERTAKER Oscar J. Hoffmeister Und Co
(ADDRESS) 4016 Chippewa

20. FILED JAN 29 1937 19 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21 1937

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1937, to January 20, 1937

I last saw ~~him~~ alive on January 20, 1937 Death is said to have occurred on the date stated above, at 12:25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	

Other contributory causes of importance:

Chronic Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) Guy J. Smith, M. D.

(Address) 4930 Lindell Boulevard

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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