

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

35271-
Do not use this space.

OCT 26 1937

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 789
 (b) Township Central Primary Registration District No. 6033 Registered No. 276
 (c) City Overland (d) Street No. 3731 Marvin St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Henry Bahr

(a) Residence, No. 3731 Marvin St. Overland
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Cora Lena Bahr
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 1895
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 8 5
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Maintenance man
 9. Industry or business in which work was done, as saw mill, bank, etc. Sunnan Product Co.
 10. Date deceased last worked at this occupation (month and year) Feb 1937 11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Co. Mo

FATHER 13. NAME Frank X Bahr

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

MOTHER 15. MAIDEN NAME Christine Swaigert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) C. Lena Bahr
3731 Marvin Overland Mo

18. BURIAL, CREMATION, OR REMOVAL mo.
PLACE St. Genevieve Cath. Cem Sept 24 1937

19. FUNERAL DIRECTOR Ortmann Funeral Home
(ADDRESS) 9222 Lackland Overland Mo

20. FILED 9-22-37 W. Baechner
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 1937 to Sept 1937, 1937
 I last saw him alive on Sept 14, 1937 Death is said to have occurred on the date stated above, at m.

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

Angio Sarcoma of Spinal Artery

Date of onset May 1937

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? yes

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) Joe Messler, M. D.

(Address) 465 N 14th St. Louis

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.

1-X12004

STATEMENT BY LICENSED EMBALMER

I, Al. C. Ortmann, Licensed Embalmer No. 3478

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Al. C. Ortmann

Licensed Embalmer No. 3478

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.)