

FEB 16 1938

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

4118
Do not use this space.

1. PLACE OF DEATH

(a) County ST. LOUIS Registration District No. 96
(b) Township _____ Primary Registration District No. _____ Registered No. 86
(c) City UNIVERSITY (d) Street No. 444 MELVILLE AVE 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME CLARA BAJOHR

(a) Residence, No. 444 MELVILLE AVE St. _____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 21 - 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 7 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. AT HOME
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

FATHER 13. NAME AUGUST SCHNEIDER

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

MOTHER 15. MAIDEN NAME UNKNOWN

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

17. INFORMANT (ADDRESS) MRS ALBERT KNABE
444 MELVILLE AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE NEW ST. MARCUS DATE JAN 14, 1938

19. FUNERAL DIRECTOR (ADDRESS) C. R. LUPTON & SONS
4449 OLIVE ST. N. D. DR. P. H.

20. FILED 1-15-38
THEODORE R. MEYER M. D. Dr. P. H.
Deputy State Commissioner of Health

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 13, 1937 to January 11, 1938
I last saw her alive on January 11, 1938 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:

fracture of surgical neck of right femur
of right femur
of sacral bone
caused by accidental fall on stairway
Other contributory causes of importance: Senile dementia
Date of onset 15

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? accident Date of injury 1.13.1938
Where did injury occur? her apartment home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury _____
Nature of injury fracture of femur

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Shera G. Wimmersberg, M. D.
(Address) 3232 Lafayette

9-10 AM. - 3-4 PM.

STATEMENT BY LICENSED EMBALMER

I, C.R. Lupton Jr, Licensed Embalmer No. 2123

hereby certify that the body recorded on the reverse side of this certificate was embalmed by C.H. Murray

..... L. E.

No. 4011 or by Registered Apprentice No.

working under my personal supervision.

Signed C.R. Lupton Jr
Licensed Embalmer No. 2123

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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4118
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1. PLACE OF DEATH

(a) County St Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 113 Registered No. _____
 (c) City Missouri City (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 7 20

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER
 13. NAME _____

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

MOTHER
 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED H-13 38 9 R Meyer M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11, 1928

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h _____ alive on _____, 19____. 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:
Fracture of surgical neck of right femur caused by accidental fall on stairway
 Date of onset _____

Other contributory causes of importance: _____

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? Accident 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. Home

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) Chas H. Weinberg, M. D.
 (Address) 332 Lafayette

SUPPLEMENTARY

15615

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