

REC'D JUL 11 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jefferson
 Township Waller
 City St. Louis (No. 600)

Registration District No. 420
 Primary Registration District No. 3022

File No. 22171
 Registered No. 47
 Ward 500

2. FULL NAME

(a) Residence, No. 312 a Main St., Ward
 (Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1856

7. AGE YEARS 82 MONTHS 3 DAYS 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, 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) St. Louis
 (STATE OR COUNTRY) Germany

13. NAME August Speltz

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

15. MAIDEN NAME Widmann

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

17. INFORMANT Mrs. J. P. Williams
 (ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE July 2, 1938

19. UNDERTAKER Donald B. Smith
 (ADDRESS) St. Louis, Mo.

20. FILED 7-7 1938 Geneva Samuels Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1938, to June 30, 1938

I last saw her alive on June 27, 1938 Death is said to have occurred on the date stated above, at 2 p. m.

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

Myocarditis Date of onset unknown

Other contributory causes of importance: acute intestinal infection June 25

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) J. P. Dugels, M. D.
 (Address) St. Louis, Mo.

93H1

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

92171

Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 420
(b) Township Desoto Primary Registration District No. 3122
(c) City Desoto (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 Amelia Baker

(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.

82

3

22

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 _____ 19 _____

Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

June 30, 1938

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

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the day stated above, at _____ m.

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

Myocarditis

9371

Date of onset

Other contributory causes of importance:

Acute Internal infection
Colitis (ulcerative)

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)

(Address)

J. B. Inghels, M.D.
Desoto, Mo.

