

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

33982

Registrar's No.

8679

Registration District No.

791

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hosp 14 Days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME John Lawrence Baur

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased September 22, 1904
(Month) (Day) (Year)

8. AGE: Years 36 Months 0 Days 28 If less than one day
hr. min.

9. Birthplace Chamberlain South Dakota
(City, town, or county) (State or foreign country)

10. Usual occupation Auto Mechanic

11. Industry or business Auto Repair

12. Name John L. Baur
13. Birthplace Chicago, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Edith Burgess
15. Birthplace Chicago, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank R. Baur
(b) Address East St. Louis, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-21-40
(Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery Belleville Ill

18. (a) Signature of funeral director John J. Harty
(b) Address 1101 N 9 East St. Louis, Ill.

19. (a) Oct 21 1940 (b) J. F. Baur
(Date signed local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St Clair
(c) City or town East St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1017 Bond Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. -- years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20
year 1940 hour 1 minute 25 P. M.

21. I hereby certify that I attended the deceased from October 5, 1940, to October 20, 1940,
that I last saw him alive on October 20, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor, malignant

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. R. Geeseman (M. D. or other) X
Address BARNES HOSPITAL Date signed 10-20-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Paul C. Keith*

Licensed Embalmer No. *2612*

P. O. Address *2317 Lafayette*

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.)

If this body is not embalmed, above space should be left blank.