

STANDARD CERTIFICATE OF DEATH

37204

State File No.

9477

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (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 3 days
 (Specify whether _____)
 In this community 50 yrs.
 years, months or days)

FILED DEC 17 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Affton NR
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7707 McKenzie Road
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME SOPHIE BAHR

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased May 12, 1864
 (Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Baden Germany
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name not known

18. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Bernard Aha
 (b) Address 5106 Goethe

17. (a) Burial (b) Date thereof 11/20/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. S. Peter & Paul

18. (a) Signature of funeral director J. P. Brudich
 (b) Address 7027 Gravois Ave.

19. (a) NOV 19 1940 (b) J. P. Brudich
 (Date received local registrar) (Registrar's signature)

MOTHER FATHER

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17
 year 1940 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from November 15, 1940, to November 17, 1940
 that I last saw her alive on November 17, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
Typhemia questionable
Broncho pneumonia

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 107a

Major findings:
 Of operations _____
 Of autopsy Broncho pneumonia, typhemia

Duration _____
 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 J. P. Bradley (M. D. Seal) _____
 Address BARNES HOSPITAL Date signed 11/18/40

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.

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.....

C. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *7027 Grauss's*

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.