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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12983

Registration District No. 791 Primary Registration District No. 1006 Registrar's No. 3413

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: 5637 Pershing Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 175
(If outside city or town limits, write "RURAL") 9
(d) Street No. 5637 Pershing Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Life 0 years.

3. (a) PRINT FULL NAME LOUISE M. BAHRET.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife August K. Bahret. 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July 27, ~~1884~~. 1885 (Month) (Day) (Year)

8. AGE: Years ~~56~~ 57 Months 8 Days 23 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Andrew La Cari.
13. Birthplace ? (City, town, or county) Italy. (State or foreign country)

MOTHER 14. Maiden name Katherine Taverna.
15. Birthplace ? (City, town, or county) Italy. (State or foreign country)

16. (a) Informant Mr. August K. Bahret.
(b) Address 5637 Pershing Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-1941. (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) APR 21 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th. year 1941 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 19th, 1941, to April 20th, 1941; that I last saw him alive on April 20th, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	3 hrs
Due to hypertension	
Due to chronic nephritis	
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature August K. Oelfke (M. D. or other)
*Address 3148 Olive St. Date signed 4/21/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Ernest W.Oelfcken.
3148 Olive Street.
Hours 9-to-11 Am 1-3-Pm.
Phone Jefferson 1652.

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 3454 David C. Gibson, Registered Apprentice No. ....., working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3458

P. O. Address 5966 Easton Ave St Lo

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.