

**FILED** OCT 18 1941

**STANDARD CERTIFICATE OF DEATH**

State File No. **30000**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7339**

**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:  
Alexian Brothers  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 21 Days  
(Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 001  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3548 Victor St  
(If rural, give location)  
 (e) Citizen of foreign country? / (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 10th day September  
 year 1941 hour 8:58 minute A. M.  
 21. I hereby certify that I attended the deceased from July 1st 1938 to September 10th 1941  
 that I last saw him alive on September 8th 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Failure Duration 1 1/2 hrs.  
 Due to Chronic Myocarditis 3 yrs +  
 Due to Benign Hypertrophy of Prostate 3 yrs +  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings: None  
 Of operations \_\_\_\_\_  
 Of autopsy None  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Charles E. Baur

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

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

6. (b) Name of husband or wife Clara Baur 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May 27th, 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>3</u>	<u>14</u>	hr. _____ min.

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

10. Usual occupation Superintendent

11. Industry or business City Infirmary

12. Name Louis Baur

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

14. Maiden name Amelia Nulsen

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

16. (a) Informant Clara Baur

(b) Address 3548 Victor St

17. (a) Burial (b) Date thereof Sept 12 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) SEP 11 1941 (b) J. Budick  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury

While at work? None  
 23. Signature Clara Baur M. D. or other \_\_\_\_\_  
 Address 3606 Gram Date signed 9/11/41

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

60  
17  
9

AUG 11 1944

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**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 Frank J. Devers.

Licensed Embalmer No. 2245

P. O. Address St Louis Mo.

**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, fact should be so stated above.