

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13668

State File No.

Registration District No.

Primary Registration District No. 5035

Registrar's No.

1. PLACE OF DEATH:

(a) County. Audrain  
(b) City or town. Rual, Linn  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R.F.D. # 1, Rush Hill /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 50 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Louis Phillip Baehr

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. Married  
6. (b) Name of husband or wife. Julia Baehr  
6. (c) Age of husband or wife if alive. 67 years  
7. Birth date of deceased. January 29, 1864  
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 3  
If less than one day hr. min.

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

10. Usual occupation. Farmer

11. Industry or business.

12. Name. Jacob Baehr

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

14. Maiden name. Elizabeth Claire

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

16. (a) Informant. Mike Baehr

(b) Address. Rush Hill, Mo.

17. (a) Burial (Burial, cremation, or removal)  
(b) Date thereof. May 4, 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation. Laddonia, Mo.

18. (a) Signature of funeral director. Earl E. Pink

(b) Address. Mexico, Mo.

19. (a) 5/3/42 (b) Mary C. Jacob  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Audrain  
(c) City or town. Rual  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. # 1, Rush Hill  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. May day. 2d.  
year. 1942 hour. 10 minute. 30. P. M.

21. I hereby certify that I attended the deceased from 8 P.M. May 2d-1942, to 10.30 P.M. May 3-42  
that I last saw him alive on May 3-1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Paralysis of right side due to Apoplexy. 2-weeks

Due to. Arterio-sclerosis

Due to.

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy.

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.

23. Signature. W. H. McCall (M. D. or other)

Address. Laddonia, Mo. Date signed. 5-4-42

RECEIVED

District Health Officer No. 10

District File Number 5-42-947

Date Filed MAY 12 1942

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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.....

Earl E. Precht....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Earl E. Precht*

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.