

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17920

State File No.

FILED JUN 22 1942

Registration District No. 204

Primary Registration District No. 5421

Registrar's No. 4

1. PLACE OF DEATH:

(a) County. Gasconade
(b) City or town. "Rural" Richland
(c) Name of hospital or institution:
13 mi. West of Hermann
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community. All her life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME PAULINA BAECKER

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, Widowed

6. (b) Name of husband or wife. Herman Baecker
6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. October 8 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 7 20 hr. min.

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

10. Usual occupation. Hwf.

11. Industry or business.

12. Name. Joseph Stark
13. Birthplace. Germany
(City, town, or county) (State or foreign country)
14. Maiden name. Unknown
15. Birthplace. Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant. Christ Baecker
(b) Address. Hermann, Missouri RFD

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 5/30/42
(Month) (Day) (Year)

(c) Place: burial or cremation. Baecker Farm Cem.

18. (a) Signature of funeral director. Hugo H. Blumer

(b) Address. Hermann, Missouri

19. (a) May 30 42 (b) A. N. Siedler
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Gasconade
(c) City or town. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 13 mi. West of Hermann
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1942 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 28-1942 to 5-28-1942
that I last saw him alive on 5-28-1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Apoplexy

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. Edward Horkman (M. D. or other)
Address. Hermann, Mo Date signed. 5/30/42

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.....

Hugo H. Blumer

Licensed Embalmer No. 3160

P. O. Address. Hermann, Missouri

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.