

FILED AUG 13 1943

State File No.

Registration District No.

Primary Registration District No. 3002

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Audrain
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 2 days
years, months or days)

3. (a) PRINT FULL NAME Clara Baur

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, Widowed

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

7. Birth date of deceased About 68 years of AGE
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 68 ? ? hr. min.

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

10. Usual occupation None

11. Industry or business

12. Name James McLean

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

14. Maiden name Louisa Sturck
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. C.C. Morley

(b) Address Mexico, Mo.

17. (a) Removal (b) Date thereof July 18, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove, St. Louis, Mo.

18. (a) Signature of funeral director Tal E. ...

(b) Address Mexico, Mo.

19. (a) July 18-43 (b) Margaret H. Mackie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1943 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 16 to July 18, 43
that I last saw her alive on July 16, 43
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocarditis
Hypertensive pneumonia
Due to Atherosclerosis

Due to

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

(c) Means of injury

While at work?

Signature

Address

Date signed

(M. D. or other)

1014

AUG 18 1947

RECEIVED

District Health Officer No. 10

District File Number 8-43-1379

Date Filed

AUG 11 1948

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.