

FILED FEB 27 1944 318

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. _____

525

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:
5208 Alcott Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME HENRY BAECHLE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Emma Baechle 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased: Feb 8 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 8 If less than one day hr. _____ min. _____

9. Birthplace St. Genevieve, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Soldier

11. Industry or business U.S. Government

12. Name Adolph Baechle

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

14. Maiden name Dont know

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

16. (a) Informant Emma Baechle

(b) Address 5208 Alcott Ave

17. (a) Burial (b) Date thereof: 1-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Robert Wood G.

(b) Address 3710 N. Grand St.

19. (a) JAN 19 1944 (b) J. Z. Beck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5208 Alcott Ave (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16th
year 1944 hour 5:55 minute P. M.

21. I hereby certify that I attended the deceased from Jan 8
1944 to Jan 16 1944
that I last saw him alive on Jan 16 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis
Duration know

Due to 92

Other conditions: Chronic Cystitis
(Include pregnancy within 3 months of death) Cataract

Major findings: _____
Of operations _____

Of autopsy _____
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 P. R. Menow (M. D. or other) MD

Address 5330 Geraldine Date signed 1/17/44

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

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand St

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.