

FILED APR 28 1944

Registration District No. 310

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3058

State File No. 15622

Registrar's No. 61

1. PLACE OF DEATH:

(a) County St. Charles  
 (b) City or town St. Charles  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
426 South Main St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community Lifetime  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles  
 (c) City or town St. Charles 92  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 426 South Main St.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Baime

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

4. Sex Male (1) 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: July 25 1876  
 (Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Blacksmith

11. Industry or business American Car & Smelting Co.

12. Name Edward Baime

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

14. Maiden name Helma Gerhardt

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

16. (a) Informant Fred and Victor Baime

(b) Address St. Charles, Mo.

17. (a) Burial (b) Date thereof April 1 1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cem. St. Charles, Mo.

18. (a) Signature of funeral director H. C. Ballmeyer & Sons Co.

(b) Address 201 N. Second, St. Charles, Mo.

19. (a) 4/4/44 (b) Ernest L. Payne  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29  
 year 1944 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
Coroners Viewing of Body  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
 Due to Coronary Occlusion  
Chronic Myocarditis  
Gen. Arteriosclerosis  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

938

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 A. P. Eichel Schurz, M.D. (M. D. or other)  
 Address St. Charles, Mo. Date signed 3/31/44

1340

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING INK

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-27-44

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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 John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles 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.**