

Registration District No. **318**

Primary Registration District No. **1003**

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: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 2011
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3453 Crittenden (If rural, give location) 9 16
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME

Alfred N. Baur

(b) If veteran, name war _____

(c) Social Security No. None

4. Sex Male

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 May 27th 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 6 27 hr. _____ min.

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

10. Usual occupation retired

11. Industry or business _____

MOTHER FATHER

12. Name Louis Baur

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

14. Maiden name Amelia Nelson

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

16. (a) Informant George Bauer Son

(b) Address 3453 Crittenden St

17. (a) Removal (b) Date thereof Nov 26 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethalto Illinois

18. (a) Signature of funeral director Petz Bros

(b) Address 3029 Lafayette Ave

19. (a) NOV 25 1945 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24th
year 1945 hour 2:15 minute A M.

21. I hereby certify that I attended the deceased from January 6 1944 to November 24 1945; that I last saw him alive on November 23 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Normandy's hypertension apoplectic regurgitation and impoverishment
Due to _____
Due to _____

Duration

37 hrs

2 yrs

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 92
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:

(c) 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) _____ Means of injury _____

23. Signature J. F. Bredeek (M. D. or other) _____
Address 3320 So. Grand Date signed 11-24-45

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Elmer R. Caldwell*

Licensed Embalmer No. *4077*

P. O. Address.....

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.