S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38887

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11208

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CITY HOSPITAL NO-1-0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 HOURS (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS 2 3/7
(If outside city or town limits, write "RURAL")

(d) Street No. 2009 SENATE 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME HARRY H. BAEBLER

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 LAURA BAEBLER

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Sept. 26 (Month) 1884 (Day) (Year)

8. AGE: Years 61 Months 2 Days 23 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country) 0

10. Usual occupation TUCK POINTER

11. Industry or business LABORER

FATHER
12. Name PHILIP BAEBLER
13. Birthplace ST. LOUIS (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name ANNA
15. Birthplace ST LOUIS (City, town, or county) MO (State or foreign country) 0

16. (a) Informant LAURA BAEBLER

(b) Address 2009 SENATE ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 24/45 (Month) (Day) (Year)

(c) Place: burial or cremation OLD S.S. PETER & PAUL

18. (a) Signature of funeral director Thordutes & Son

(b) Address 2906 GRAVOIS AVE

19. (a) DEC 21 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 19
year 1945 hour 9 05 minute A M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchi Pneumonia Papillomatosis Tumor with Metastasis

Due to Tumor in Urinary Bladder

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Patrick E. Taylor (M. D. or other)

Address Date signed 12/21/45

(Licensed Embalmer's Statement on Reverse Side)

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 Leo J. Budde

Licensed Embalmer No. 398.9

P. O. Address St. Louis 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.