

FILED OCT 1 1946 STANDARD CERTIFICATE OF DEATH

31241
State File No.

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 301

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 yrs. 3 mos. 1
(Specify whether
in this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 94
(c) City or town Bland RURAL 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Route #1 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME IDA BAECKER

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 Married
6. (b) Name of husband or wife Frank B. Baecker 6. (c) Age of husband or wife if alive Age Unk years
7. Birth date of deceased March 26 1882
(Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 17 If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Fritz Begemann 11
13. Birthplace Lippe Detmold Germany 1
(City, town, or county) (State or foreign country)
14. Maiden name Dorothy Eikermann
15. Birthplace Lippe Detmold Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 9-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Owensville, Missouri

18. (a) Signature of funeral director Gottenstroeder Funeral Home (Specify type of place)

(b) Address Owensville, Missouri (c) Means of injury

19. (a) 9-27-46 (b) Esther Rudloff
(Date received legal registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 13
year 1946 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from
April 19, 1946, 1917 to Sept. 13, 1946, 1946;
that I last saw her alive on Sept. 13, 1946, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Myocarditis
Due to Anterior infarctus
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93D
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:

(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? 0

23. Signature George H. Reuss (M. D. or other) M.D.
Address Farmington Mo Date signed Sept 26-46

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

RECEIVED

District Health Officer No. 4
District File Number 1046-2683
Date Filed 10-1-46

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 Paul K. Duval

Licensed Embalmer No. 4120

P. O. Address Farmington 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.