

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22056

FILED JUL 12 1947  
318

State File No. 6406

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. ....

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:  
5203 Vermont 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 Emma Baur

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased October 5 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>8</u>	<u>28</u>	hr. .... min.

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

10. Usual occupation Nil

11. Industry or business

12. Name Carl Wassermann

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

14. Maiden name Unknown

15. Birthplace

16. (a) Informant Mrs. Edna Mehn

(b) Address 5203 Vermont Ave.

17. (a) Burial (b) Date thereof 7/7/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Jos. P. Fendler Jr.

(b) Address 7128 Michigan Ave.

19. (a) JUL 6 1947 (b) J. F. Bredenk  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 5203 Vermont  
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 3rd  
year 1947 hour 10:05 minute P. M.

21. I hereby certify that I attended the deceased from Dec 31, 1946 to JULY 3, 1947

that I last saw her alive on JULY 3, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration 7 Months

Due to.....

Due to.....

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

PHYSICIAN

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 Ind W. Rolling (M. D. or other) 0

Address 2125 Linden Date signed July 5-47

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

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STATEMENT BY LICENSED EMBALMER

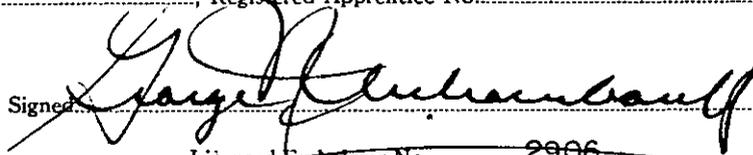
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. XXXXX

working under my personal supervision.

Signed



Licensed Embalmer No. 2906

P. O. Address 7128 Michigan Ave.

**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.**