

S. No. 2
M-1/47
7-5-17-39

FILED JAN 9 1948

Registration District No. **318**

Primary Registration District No. **1003**

17
9

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

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 **0**
Firmin Desloge Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Genevieve**
 (c) City or town **St. Genevieve**
(If outside city or town limits, write "RURAL")
 (d) Street **W.R.**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Cecilia Bahr**

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex **F** 5. Color or race **W**

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 1882**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 **5** **5** hr. min.

9. Birthplace **St. Genevieve Mo.**
(City, town or county) (State or foreign country)

10. Usual occupation **housework**

11. Industry or business.....

12. Name **Joseph Bahr**

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

14. Maiden name **Theresa Miltner**

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

16. (a) Informant **Jalmit B. Koch**

(b) Address **Debets Mo.**

17. (a) **Burial** (b) Date thereof **Jan 2 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Debets Mo.**

18. (a) Signature of funeral director **J. B. Bahr**

(b) Address **Debets Mo.**

19. (a) **JAN 2 1948** (b) **J. F. Brenner**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **30**
 year **1947** hour **2** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **Sept 19 1947** to **Dec 30 1947**
 that I last saw her alive on **Dec 30 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Toxic nodular goiter uncertain**

Due to.....

Due to.....

Other conditions **aplastic anemia due to unknown cause**
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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 **no**

23. Signature **Joseph P. Funnegan** (M. D. or other) **M.D.**
 Address **1325 S. Grand** Date signed **Dec 30 1947**

Duration

3 mos

PHYSICIAN

Underline the cause of which death should be charged statistically.

12063

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 Samuel B Dietrich

Licensed Embalmer No. 4104

P. O. Address Depto 70

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.