

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16378

Registrar's No. 35

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|---|--|---|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 162 | | PRIMARY REG. DIST. NO. 5594 | | Registrar's No. 35 | |
| 1. PLACE OF DEATH a. COUNTY Jefferson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Park <i>Marionette</i> | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Park <i>near</i> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Route No. 2, Valley Park | | | | d. STREET ADDRESS (If rural, give location) Route No. 2 Valley Park | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Eleanora | | b. (Middle) Baierschmitt | | c. (Last) | |
| 4. DATE OF DEATH | | (Month) May | | (Day) 17, | | (Year) 1949 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH May 6, 1862 | |
| 9. AGE (In years last birthday) 87 | | IF UNDER 1 YEAR Months | | IF UNDER 1 YEAR Days | | IF UNDER 1 YEAR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Frankenberg, Germany | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Karl Stockhausen | | 13b. MOTHER'S MAIDEN NAME Elisabeth Krafthoefer | | 14. NAME OF HUSBAND OR WIFE William Baierschmitt | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillie Hildebrandt, R.2, Valley Park | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic Heart Disease ? DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 3 days 4200 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from May 3, 1949, to May 16, 1949, that I last saw the deceased alive on May 16, 1949, and that death occurred at 5:30 A.M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Frank Duck No. 0 (Degree or title) | | | | 23b. ADDRESS Benton, Mo. | | 23c. DATE SIGNED 5/18/49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE May 19, 1949 | | 24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery | | 24d. LOCATION (City, town, or county) St. Louis, Missouri | |
| DATE REC'D BY LOCAL REG. May 18, 49 | | REGISTRAR'S SIGNATURE Phil G. Kirk | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F. H. Inc., 1936 St. Louis | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

On Transfer to
508 No. 8

He 9218

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 23 1949

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 _____

_____ Student Embalmer No. _____
working under my personal supervision.

Signed _____
Student Embalmer

Signed Max L. Warfel
Licensed Embalmer No. 4170
P. O. Address 1936 St Louis 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.