

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14325

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3326**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Missouri b. COUNTY St. Louis (Institution)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Baden Station R#3	
c. LENGTH OF STAY (In institution)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Luthern Hospital		Larimore Rd.	

3. NAME OF DECEASED (Type or Print)	a. (First) Lela	b. (Middle)	c. (Last) Bahr	4. DATE OF DEATH (Month) (Day) (Year) April 9th, 1950
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb 12th 1916	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Brussels, Ill	12. CITIZEN OF WHAT COUNTRY? /
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13a. FATHER'S NAME Edward H. Kinder	13b. MOTHER'S MAIDEN NAME Ellen Wallendorf	14. NAME OF HUSBAND OR WIFE Bernard Bahr
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. ----	17. INFORMANT'S SIGNATURE OR NAME Bernard Bahr	ADDRESS R#3 Box 269 Baden Sta
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of breast - metastasis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) 170X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **2-16, 1945**, to **4-9, 1950**, that I last saw the deceased alive on **4-9, 1950**, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE R. Beyer	(Degree or title)	23b. ADDRESS 3203 S Grand St. St. Louis	23c. DATE SIGNED 4-10-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4/12/50	24c. NAME OF CEMETERY OR CREMATORY Wilson Cemetery	24d. LOCATION (City, town, or county) (State) Batchtown, Ill.
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DATE REC'D BY LOCAL REG. APR 10 1950	REGISTRAR'S SIGNATURE J. B. Sostater	25. FUNERAL DIRECTOR'S SIGNATURE Diedrich F. Home	ADDRESS 8319 Hallaferry
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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.....

working under my personal supervision.

Student Embalmer No.

Signed

Jan Binkley

Signed.....
Student Embalmer

Licensed Embalmer No. *9653*

P. O. Address.....

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.