

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5136

FILED FEB 26 1951

State File No.

BIRTH NO.		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>3595</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - ROCK TOWNSHIP</u>		c. LENGTH OF STAY (in this place) <u>38 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL ROCK TOWNSHIP</u>		<u>0500</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME ANTONIA MO.</u>				d. STREET ADDRESS (If rural, give location) <u>ANTONIA MO</u>			
3. NAME OF DECEASED (Type or Print) <u>HERMAN</u>		a. (First)		b. (Middle)		c. (Last) <u>BAHRKE</u>	
4. DATE OF DEATH		(Month)		(Day)		(Year) <u>FEB 12, 1951</u>	
5. SEX <u>M. O</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE (U)</u>		8. DATE OF BIRTH <u>NOV. 15 1886</u>	
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>		11. BIRTHPLACE (State or foreign country) <u>ST LOUIS MOO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FRED BAHRKE</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH GILLMAN</u>		14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>W. W. I</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. PHILIP KOHLER KIMMSWICK MO.</u>		ADDRESS <u>494-10-0887</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity 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. INTERVAL BETWEEN ONSET AND DEATH <u>331X</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rock Jefferson MO</u>		21d. HOW DID INJURY OCCUR? <u>Cerebral Hemorrhage</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 12 51 330a.</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter J. Brown</u>		(Degree or title)		23b. ADDRESS <u>101 Main St. St. Louis</u>		23c. DATE SIGNED <u>2/12/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>FEB 15, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BURGESS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ANTONIA MO</u>	
DATE REC'D BY LOCAL REG. <u>Feb 17/51</u>		REGISTRAR'S SIGNATURE <u>Ruth J. Jira</u>		438		25. FUNERAL DIRECTOR'S SIGNATURE <u>HEILIGTRG FUN. HOME KIMMSWICK MO</u>	
						ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

APR 13 1951

1951

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 2-20-51

APR 6 1951

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 _____

Elmer Haligtag

Signed _____
Student Embalmer

Licensed Embalmer No. 3571

P. O. Address *Kimmerich 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.