

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17790
5110

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> <u>2169</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ANTHONY HOSP</u>		1. STREET ADDRESS (If rural, give location) <u>3948 HUMPHREY</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ADOLF</u> b. (Middle) <u>M</u> c. (Last) <u>BAHLKOW</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 2, 1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>6-25-1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>56</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>♀</u>	
13a. FATHER'S NAME <u>ADOLF BAHLKOW</u>		13b. MOTHER'S MAIDEN NAME <u>IDA SCHULZ</u>	14. NAME OF HUSBAND OR WIFE <u>MARIE F. BAHLKOW</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marie E. Bahlkow 3948 Humphrey</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 (b) <u>(Rt side - meningitis)</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. earles - macular dis.</u> DUE TO (c) <u>with hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>near fatal ulcer</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>no</u>		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) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>442X</u>
22. I hereby certify that I attended the deceased from <u>4-4-49</u> , 19__, to <u>6-2-51</u> , 19__, that I last saw the deceased alive on <u>6-2-51</u> , 19__, and that death occurred at <u>6 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. C. Gifford</u>		23b. ADDRESS <u>4578 S. Kingshighway</u>	23c. DATE SIGNED <u>6-2-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-5-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Louis</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
DATE REC'D BY LOCAL REG. <u>JUN 4 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Hasler</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. Kern Hills 2707 N. Grand</u>

WRITE PLAINLY—USING UNFADING 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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Gustav W. Dietrich*

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, 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.