

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13759

State File No.

FILED APR 22 1952

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>59 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>907 W. Broadway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>907 W. Broadway</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>LOUIS</u>	b. (Middle)	c. (Last) <u>BAHRENBURG</u>	(Month) <u>April</u>	(Day) <u>9</u>	(Year) <u>1952</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 18, 1871</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Vice Pres.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mfg. (Overalls)</u>		11. BIRTHPLACE (State or foreign country) <u>Benton County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>John Bahrenburg</u>	13b. MOTHER'S MAIDEN NAME <u>Maria Meier</u>	14. NAME OF HUSBAND OR WIFE <u>Clara Bahrenburg</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>49-12-2518</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. C. Etbach, Kansas City, Mo</u>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral sclerosis</u> 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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 ~~examined~~ viewed the deceased as Coroner, 10, that I last saw the deceased alive on, 19, and that death occurred at 6:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. Gordon Stauffer</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Coroner & Pettis Co</u>	23c. DATE SIGNED <u>4-10-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 11, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo</u>
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DATE REC'D BY LOCAL REG. <u>4/11/1952</u>	REGISTRAR'S SIGNATURE <u>R. P. Campbell M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Etbach</u>	ADDRESS <u>Sedalia Mo</u>
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2511 (Licensed Embalmer's Statement on Reverse Side)

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

GILLESPIE FUNERAL HOME

804

APR 22 1952

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.

Student
Student Embalmer

Signed..... *W. J. DeKort*

Licensed Embalmer No. *3470*

P. O. Address *Seaside*

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.