

FILED JUN 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21617

BIRTH NO. _____		REG. DIST. NO. <u>304</u>		PRIMARY REG. DIST. NO. <u>6046</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Callaway</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Callaway</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile South of New Melle</u>				d. STREET ADDRESS (If rural, give location) <u>1 mile South of New Melle, Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Leo</u>		b. (Middle) <u>Alfred</u>		c. (Last) <u>Bahr</u>	
4. DATE OF DEATH		(Month) <u>June</u>		(Day) <u>4</u>		(Year) <u>1952</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>Feb. 2, 1898</u>	
9. AGE (In years last birthday) <u>54</u>		10. MONTHS <u>4</u>		11. YEARS <u>2</u>		12. IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Stock Farm</u>			
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Joseph Bahr</u>		13b. MOTHER'S MAIDEN NAME <u>Thresa Muehlhausler</u>		14. NAME OF HUSBAND OR WIFE <u>Stella Bahr</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alfred Bahr</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Myocardial Infarction</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>10 Day</u> <u>2 yrs.</u>				19. DATE OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>June 3, 1952</u> , to <u>June 4, 1952</u> , that I last saw the deceased alive on <u>June 3, 1952</u> , and that death occurred at <u>2:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. E. Bergesen</u> (Degree or title) <u>Dr.</u>				23b. ADDRESS <u>Wentzville Mo</u>		23c. DATE SIGNED <u>6-5-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/7/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Immaculate Heart of Mary</u>		24d. LOCATION (City, town, or county) (State) <u>New Melle, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 10/1952</u>		REGISTRAR'S SIGNATURE <u>Mark J. Jeff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris M. Muehlhausler</u>		ADDRESS <u>Wentzville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

2011 12 24 PM

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.....

Howard O. Kessler

Signed.....

Student Embalmer

Licensed Embalmer No.

4631

P. O. Address.....

Winterville, 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.