

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5886

State File No.

FILED MAR 4 1954

318

REG. DIST. NO.

1003

PRIMARY REG. DIST. NO.

1055

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY			
b. CITY OR TOWN St. Louis				c. LENGTH OF STAY (In this place)				c. CITY OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3261a Ivanhoe Ave.				d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input type="checkbox"/> No <input type="checkbox"/>				e. STREET ADDRESS (If rural, give location) 3261a Ivanhoe Ave. 203/0			
3. NAME OF DECEASED (Type or Print) FRED				a. (First)				b. (Middle) A.			
c. (Last) BAEHR				4. DATE OF DEATH Feb. 1 1954				5. SEX Male			
6. COLOR OR RACE White				7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married				8. DATE OF BIRTH Aug. 31, 1898			
9. AGE (In years last birthday) 55				10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jeweler (For Self)				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.				12. CITIZEN OF WHAT COUNTRY?				13a. FATHER'S NAME Fred A. Baehr			
13b. MOTHER'S MAIDEN NAME Mina Hickman				14. NAME OF HUSBAND OR WIFE Ida Mae Baehr				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I			
16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME Ida Mae Baehr				ADDRESS 3261a Ivanhoe Ave.			
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>Carcinoma, adeno -</u> 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.				INTERVAL BETWEEN ONSET AND DEATH 6 mo.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS 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? 157X			
22. I hereby certify that I attended the deceased from <u>Jan 19, 1954</u> to <u>1 Feb, 1954</u> , that I last saw the deceased alive on <u>1 Feb, 1954</u> and that death occurred at <u>6:25P m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE Milton Smith M.D.				23b. ADDRESS 372 - Washington				23c. DATE SIGNED 2 Feb 54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation				24b. DATE Feb. 4, 1954				24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory			
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.				DATE REC'D BY LOCAL REG. FEB 2 1954				REGISTRAR'S SIGNATURE J. Chalmers			
25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser				ADDRESS 4228 S. Kingshighway Bl.				mgo (Licensed Embalmer's Statement on Reverse Side)			

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William S. White*.....

Licensed Embalmer No. *4291*

P. O. Address *428 So King*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.