

FILED JAN 25 1956

STANDARD CERTIFICATE OF DEATH

State File No. 0040

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and city or town) <u>Rural Wellston</u>		c. LENGTH OF STAY (in this place) township) <u>3yrs. 3 mos.</u>	c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>2900 Meramec Avenue</u>		
3. NAME OF DECEASED (Type or Print) <u>Mother Anna</u>		a. (First)	b. (Middle)	c. (Last) <u>Baerlocker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 2, 1956</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June 14, 1871</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>6</u> Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Religious</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Teacher</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Switzerland</u>		12. CITIZEN OF WHAT COUNTRY? <u>Unk</u>
13a. FATHER'S NAME <u>Dr. Fintan Baerlocker</u>		13b. MOTHER'S MAIDEN NAME <u>Sophie Mefsmar</u>		14. NAME OF HUSBAND OR WIFE <u>Never married.</u>	
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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records of St. Vincent's Hospital</u> ADDRESS _____		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH Years _____
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocardial Degeneration</u>	ANTECEDENT CAUSES DUE TO (b) <u>Senility</u>				*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Brain Syndrome associated with senile Brain Disease</u>					
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4222
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 (Month) (Day) (Year) (Hour) OF INJURY _____	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>9-18-</u> , 19 <u>52</u> , to <u>1-2-</u> , 1956, that I last saw the deceased alive on <u>1-2-</u> 19 <u>56</u> , and that death occurred at <u>4:00Pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>St. Baerlocker</u> (Degree or title) _____			23b. ADDRESS <u>7301 St. Charles Rook Rd.</u>		23c. DATE SIGNED <u>1/2/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Jan. 4, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>1-3-56</u>	REGISTRAR'S SIGNATURE <u>Heckard R. Danke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Donnelly</u>		ADDRESS <u>3840 Ingle Blvd.</u>	

(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 *Francis Wellen*.....

Licensed Embalmer No. *350*

P. O. Address *3840 2*

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.