

Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY.

APR 22 1937

MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
 County Monterey Registration District No. 571
 Township Wadley Primary Registration District No. 4335
 City California (No. _____ St. _____ Ward) _____

2. FULL NAME August Frederick L. Baader
 (a) Residence, No. _____ St. _____ Ward. _____
 (Usual place of abode) _____
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. 12683
 Registered No. 14

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25th - 1852

7. AGE YEARS <u>84</u>	MONTHS <u>8</u>	DAYS <u>21</u>	IF LESS THAN 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER FATHER

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mr. Theodor Albrecht California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Beckhanger DATE 3/21 1937

19. UNDERTAKER (ADDRESS) William & Fred Meyer California Mo

20. FILED 3-19-37 A.R. Popejoy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 18 1937

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1934 to Mar. 18, 1937.
 I last saw him alive on Mar. 18, 1937. Death is said to have occurred on the date stated above, at 9 A. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Hydrothoracic Pneumonia
Inflammatory Rheumatism
 Date of onset _____

Other contributory causes of importance: AS

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. H. Bauman D.O.
 (Address) California, Mo.

