

JAN 12 1940

791

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis /
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jewish Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME Hugo B. Baer 600

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 21 ; 1879
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
60 3 23 hr. min.9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Retired 011. Industry or business Merchant12. Name Bernard Baer 613. Birthplace Germany 1
(City, town, or county) (State or foreign country)14. Maiden name Minnie Stern
(City, town, or county) (State or foreign country)
15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Babatte Baer(b) Address 5295 Waterman Ave.17. (a) Burial (b) Date thereof 12-16-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Sinai Cemetery18. (a) Signature of funeral director H. Kunda(b) Address 5216 Delmar Blvd19. (a) DEC 16 1939 (b) J. F. Brubaker
(Date of local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
 (c) City or town St. Louis 12
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5295 Waterman Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1939 hour 5 minute 55 P.M.21. I hereby certify that I attended the deceased from Jan 8 1939 to Dec 14 1939
and that death occurred on the date and hour stated above.Immediate cause of death Uremia 5 days
Bilateral Pyonephrosis DurationDue to Carcinoma of bladder 3 weeks
urinaryDue to _____
Other conditions 51
(Include pregnancy within 3 months of death)Major findings: as above on
Of operations Cystoscopic examination
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Sister M. Taylor (M. D. or other)
Address 462 N. Taylor Date signed 12/15/39

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Charles Cooper
" Licensed Embalmer No. 13830
P. O. Address 5216 Delmar

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, above space should be left blank.