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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20543**

5491

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

FILES JUL 17 1940

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 31 Days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Ben Baer **600**

8. (b) If veteran, name war NO 8. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife EMILY BAER, 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased NOV. 29 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 6 28 hr. min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business Cattle Buyer

12. Name JOSEPH BAER,

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name ADELE KAUFFEMAN

15. Birthplace FRANCE
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emily Baer

(b) Address 6520 Maurice av

17. (a) BURIAL (b) Date thereof JUNE 29 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUN SET BURIAL PK.

18. (a) Signature of funeral director E. J. Schur.

(b) Address 3125 Lafayette av

19. (a) JUN 27 1940 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis **3**
(If outside city or town limits, write "RURAL")
(d) Street No. 6520 Maurice Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26,
year 1940 hour 2:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 27, 1940, to June 26, 1940
that I last saw him alive on June 26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Sarcinoma of Larynx (primary)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) NO

Major findings: Of operations NO Of autopsy NO

Duration
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 A. J. Stewart (M. D. or other) _____
Address 1515 Lafayette Date signed 6/26/40

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

MOTHER FATHER

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..... *Joseph Bollmer*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

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.