

S. No. 2
4-13-40
7-5-17-39
X23159

Registration District No. 791 J

Primary Registration District No.

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

1. PLACE OF DEATH: **3**

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Chase Hotel
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community 74 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis **12**
(If outside city or town limits, write "RURAL")

(d) Street No. 212 N. Kingshighway
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 74 yrs. years.

3. (a) PRINT FULL NAME Julius A. Baer

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 Widower

6. (b) Name of husband or wife Freda Baer

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

7. Birth date of deceased September 1 1860
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12
year 1940 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from October
1 to Dec 12, 1940
that I last saw him alive on Dec 12, 1940
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>3</u>	<u>11</u> hr. min.

Immediate cause of death Coronary occlusion 1 hour

Due to arterio-sclerotic

Due to cardio-vascular disease 15-40

Other conditions (Include pregnancy within 3 months of death) AB

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Executive

11. Industry or business Department Store

12. Name Lazarus Baer

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

14. Maiden name Ernestine Weil

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Arthur B. Baer

(b) Address 9425 Ladue Rd.

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?.....

17. (a) Burial (b) Date thereof 12-15-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rindt

(b) Address 5216 Delmar Bldg.

19. (a) DEC 14 1940 (b) J. N. Bredesch
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place) (c) means of injury

23. Signature Leo J. Taylor (M. D. or other) 12/14/40
Address 4672 N. Taylor Date signed

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

Chas. W. Cooper

Licensed Embalmer No. *3830*

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, fact should be so stated above.