

FILED SEP 28 1943
Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(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:
1811 Iowa Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 46 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL.")
(d) Street No. 1811 Iowa Avenue (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Miss Hildegard Baitinger

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

4. Sex Female 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 March 29th, 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 5 18 _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name John M. Baitinger

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Anna Brockmeyer
(City, town, or county) (State or foreign country)

15. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John M. Baitinger

(b) Address 1811 Iowa Avenue

17. (a) Burial (b) Date thereof Sept. 18, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) SEP 17 1943 (b) J. J. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 16th
year 1943 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from FEB. 26, 1943
_____ 19 _____ to Sept 16th 19 43
that I last saw h. ER alive on Sept 15th 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Adeno carcinoma of Ovary Duration About 1 year

Due to _____
Due to Hypertension

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

Major findings: Of operations Adeno carcinoma of Ovary PHYSICIAN _____
Of autopsy _____ 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 Arnold S. Glenn (M. D. or other) _____
Address 2637 So. Kings Highway Date signed 9/16/43

Dr. Arnold Klein

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.....
[Handwritten Signature]

Licensed Embalmer No. *3737*

P. O. Address. *1936 St. Louis 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, fact should be so stated above.