

No. 2  
-5-43  
-17-39  
X36671

FILED JAN 16 1945 318

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Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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:  
St. Louis City Hospital-Max C. Starkloff Memorial  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether  Life.  years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL")  
Street No. 3013 Olive St. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Fred E. Baeser

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 Married

6. (b) Name of husband or wife Clara 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Feb. 4th, 1887  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th  
year 1945 hour 2:05 minute A. M.

21. I hereby certify that I attended the deceased from 12/29/44  
\_\_\_\_\_, 19\_\_\_\_, to 1/2/45, 19\_\_\_\_;  
that I last saw him alive on 1/2/45, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral-vascular accident Duration \_\_\_\_\_

Due to General paresis

Due to \_\_\_\_\_

Other conditions 30  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
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)  
(a) Means of injury \_\_\_\_\_

23. Signature Ellis S. Lipat (M, D. or other) \_\_\_\_\_  
Address 1515 Lafayette Date signed 1/2/45

8. AGE: Years Months Days If less than one day  
57 58 10 28 29 hr. min.

9. Birthplace St. Louis Mo. (1)  
(City, town, or county) (State or foreign country)

10. Usual occupation Upholsterer

11. Industry or business \_\_\_\_\_

12. Name of father John Baeser Baeser  
Birthplace Not known  
(City, town, or county) (State or foreign country)

13. Name of mother Not known  
Birthplace Not known  
(City, town, or county) (State or foreign country)

16. Informant Clara Baeser Jane Baeser  
Address 3013a Olive St.

17. (a) Burial (b) Date thereof 1/4/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. Signature of funeral director John S. Ziegenhain, Son  
(b) Address 7027 Gravois Avee.

19. (a) JAN 4 1945 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

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

**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 E. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

**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.**

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri  
County of St. Louis ss.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 55

On this 9 day of Feb., 1945, before me appears  
Mrs. Fred Baeser, who, upon her oath, states that the original record of <sup>birth</sup> death  
for Fred E. Baeser died Jan. 1, 1945, in the State of  
Missouri, and which was filed at ..... 19....., should be corrected as follows:

Item No. 3 should read Fred E. Baeser

Instead of Fred A. Baeser

Item No. 12 should read John Baeser

Instead of John Baeser

Item No. 16 should read Clara Jane Baeser

Instead of Clara Baeser

Item No. 20 should read Jan. 2 - 1945

Instead of Jan. 2 - 1945

Item No. 8 should read Days 29

Instead of Days 28

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Clara Jane Baeser Relationship Informant

3013 Olive St.

Present Address.

Subscribed and sworn to before me this 9 day of Feb., 1945

My Commission expires .....  
Clara J. Judson, Notary Public.

S-22

1945