

S. No. 2
OM-5-43
v. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18157**
4516
Registrar's No. _____

FILED MAY 31 1946
318

Registration District No. _____ Primary Registration District No. **1003**

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: St. Lukes Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 7306 Drexel Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dorothy Baron

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 Married

6. (b) Name of husband or wife Max G. Baron 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased APRIL 21 - 1891
(Month) (Day) (Year)

8. AGE: Years 55 Months 0 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Towe Catlin

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

14. Maiden name Hattie Bellman

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

16. (a) Informant Max G. Baron

(b) Address Washington- D.C.

17. (a) Burial (b) Date thereof 5-21-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director W. Rindskopf

(b) Address 5216 Delmar Blvd.

19. (a) MAY 20 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1946 hour 2 minute 55 P.M.

21. I hereby certify that I attended the deceased from Nov. 29
1945 to May 18 1946
that I last saw h. ee alive on May 18 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Tumor of Brain

Due to Malignant

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

Major findings: _____

Of operations: Same

Of autopsy: Same

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? _____

23. Signature D. H. [unclear] (M. D. or other) M.D.
Address 4952 Maryland Date signed 5/20/46
City, St. Louis

96
NR. 3
5

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

17036

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.....

Licensed Embalmer No. *J. J. Ruggelt*
4029

P. O. Address.....

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.