

FORM-5-43 Rev. 5-17-39 I X36671

State File No. ....

FILED 318 30 1948

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 8143

1. PLACE OF DEATH:  
 (a) County ST. LOUIS, Mo  
 (b) City or town \_\_\_\_\_  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3335 MICHIGAN  
 (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 000  
 (c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")  
 (d) Street No. 3335 MICHIGAN (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM A. BAER

3. (b) If veteran, name war WORLD WART 3. (c) Social Security No. 499-05-4538

4. Sex male (M) 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife EMMA 6. (c) Age of husband or wife if alive 46 years  
 7. Birth date of deceased MARCH 20 1894  
 (Month) (Day) (Year)

8. AGE: Years 52 Months 6 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation MOLDER

11. Industry or business Reed Steeger SASH & DOOR CO

12. Name WILLIAM A. BAER SR.

13. Birthplace ST. LOUIS Mo (City, town, or county) (State or foreign country)

14. Maiden name EMMA ACKERMAN

15. Birthplace ST. LOUIS Mo (City, town, or county) (State or foreign country)

16. (a) Informant ALLEN BAER

(b) Address 3335 MICHIGAN

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: SEPT 23, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation BETHANY CEM.

18. (a) Signature of funeral director Shadistes & son

(b) Address 2906 GRAVOIS

19. (a) SEP 22 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21 year 1946 hour 30. M.

21. I hereby certify that I attended the deceased from July 10 46 to Sept 21 19 46 that I last saw him alive on 9/20 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Cancer Liver

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

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

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Cancer of Liver PHYSICIAN \_\_\_\_\_

Of operations \_\_\_\_\_

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) \_\_\_\_\_ (Mans of injury)

23. Signature Chas. J. ... (M. D. or other) \_\_\_\_\_

Address 3012 Lafayette Date signed 9/21/46

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

30353

3012  
1030-12  
F. J. Budde

**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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed Leo J. Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, Mo.

**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.