

FILED APR 21 1947 818

Registration District No.

Primary Registration District No. 1003

Registrar's No.

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:
Jewish Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 weeks
 (Specify whether
 In this community 49 years
 years, months or days)

3. (a) PRINT FULL NAME Mary Baker

3. (b) If veteran, name was Fernöe 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased July 20, 1897
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 8 20 hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Sam Routhman

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

14. Maiden name Sarah Lerman

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

16. (a) Informant Max Baker

(b) Address 5752 W. Florrissant

17. (a) Burial (b) Date thereof 4/10/1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson Avenue

19. (a) APR 10 1947 (b) J. F. Bredeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5752 W. Florrissant
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 10
 year 1947 hour 7 minute 05 A.M.

21. I hereby certify that I attended the deceased from Oct 1947 to 4/10 1947
 that I last saw her alive on 4/10 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia
 Due to Hypertension

Due to
 Other conditions (Include pregnancy within 3 months of death) 132

Major findings:
 Of operations
 Of autopsy

Duration
1 mo. 9.
90 yrs.

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) (c) Means of injury

23. Signature Arthur E. Strawn (M. D. or other)
 Address 539 N. Grand Date signed 4/10/47

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.

Geuro J. Huclurg

Licensed Embalmer No. *4289*

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.