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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 24 1949

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

42783
State File No. _____
Registrar's No. **2956**

Registration District No. **377**

Primary Registration District No. **6076**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis County
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Penn Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Baber
3. (b) If veteran, name war _____
3. (c) Social Security No. 198-07-1204

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased September 18, 1869
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>79</u> | <u>3</u> | <u>4</u> | hr. min. |

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

10. Usual occupation Steelworker

11. Industry or business _____

MOTHER FATHER

12. Name Charles Baber

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

14. Maiden name Anna ?

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

16. (a) Informant Geraldine Hoffmann

(b) Address 3720a Dumica Ave.

17. (a) Burial (b) Date thereof 12-24-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Rd

19. (a) 12-24-48 (b) Shirley G. Linger
(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. 3619a Hartford Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22
year 1948 hour 5 minute 00 A. M.

21. I hereby certify that I attended the deceased from December 7, 1948 to December 22, 1948
that I last saw him alive on December 17, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis
Due to Primary adenocarcinoma of the prostate
Due to _____

Duration 3 mos
1 yr

Other conditions none
(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 Lewis L. Linger (M. D. or other) MD
Address 8231 Clayton Rd Date signed 12/22/48

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 W. L. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.