

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21343

| | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 5812 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2239 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1122a Sidney St. | | | | d. STREET ADDRESS (If rural, give location) 23 1122a Sidney St. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Julia | | b. (Middle) _____ | | c. (Last) Baer | | 4. DATE OF DEATH (Month) (Day) (Year) July 5, 1950 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | | 8. DATE OF BIRTH July 30, 1877 | |
| 9. AGE (In years last birthday) 72 | | IF UNDER 1 YEAR Months _____ | | IF UNDER 1 YEAR Days _____ | | IF UNDER 1 MIN. Hours _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) Highland, Illinois | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| 14. NAME OF HUSBAND OR WIFE Charles A. Baer | | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ | | 16. SOCIAL SECURITY NO. _____ | |
| 17. INFORMANT'S SIGNATURE OR NAME Elmer Baer | | | | ADDRESS 1715 Geyer Av. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA | | | | INTERVAL BETWEEN ONSET AND DEATH 3 DAYS | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) CHRONIC INTERSTITIAL NEPHRITIS—10 YRS. | | | | | |
| DUE TO (c) _____ | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | CHRONIC RHEUMATOID ARTHRITIS—15 YRS. | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 592X | | | |
| 22. I hereby certify that I attended the deceased from FEB 26, 1949 , to JULY 5, 1950 , that I last saw the deceased alive on JULY 5, 1950 , and that death occurred at 3:20A. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Edward G. Canepa, M.D. | | | | 23b. ADDRESS 2202 So. Broadway, St. Louis, Mo. | | 23c. DATE SIGNED 7/5/50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE July 8, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | |
| DATE REC'D BY LOCAL REG. JUL 5 1950 | | REGISTRAR'S SIGNATURE J B Baer | | 25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary | | | |
| | | | | ADDRESS 2842 Meramec St., St. Louis, Missouri | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 me

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Loron E. Percy

Licensed Embalmer No. 4094

2842 Meramec St.

P. O. Address St. Louis, Missouri (18)

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.