

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. 39211  
Registrar's No. 2796

**FILED DEC 2 1950**

No. 3048

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>2796</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>50 OR TOWN Richmond Heights 17</u>		<u>4505</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>10 Ridgetop</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Douglas</u> b. (Middle) <u>Harvey</u> c. (Last) <u>Bair</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19, 1950</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>7/7/06</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>12</u>	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pres. General Brake</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brake Service</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Baer</u>		13b. MOTHER'S MAIDEN NAME <u>Breta Sprinkmann</u>		14. NAME OF HUSBAND OR WIFE <u>Kathleen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-01-4683</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kathleen Baer, 10 Ridgetop</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a); (b); and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
19a. DATE OF OPERATION <u>11/19/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>4-</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY, (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Richmond Heights 17 St. Louis Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 19, 1950</u>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> -NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4-</u>			
22. I hereby certify that I attended the deceased from <u>Oct 15, 1950</u> to <u>Nov. 19, 1950</u> that I last saw the deceased alive on <u>Nov. 19, 1950</u> , and that death occurred at <u>2</u> <u>A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Lud. Kramer M. D.</u>				23b. ADDRESS <u>4161 Lindell Blvd.</u>		23c. DATE SIGNED <u>11/19/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/21/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11/20/50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Tomber</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambruster Mortuary, 6633 Clayton Rd.</u>			

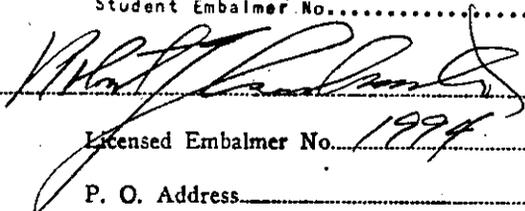
STATEMENT BY LICENSED EMBALMER

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.

Student Embalmer No.....

Signed.....



Licensed Embalmer No. 1994.....

Signed.....  
Student Embalmer

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.