

FILED SEP 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29183

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7733

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois		b. COUNTY St. Clair	
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 3 mos		c. CITY OR TOWN Belleville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		e. STREET ADDRESS 421 Court		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) SUNSHINE			4. DATE OF DEATH Aug. 18, 1957		
a. (First)		b. (Middle)		c. (Last) BAER	

5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH May 28, 1882		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.	
---------------	--	------------------------	--	--	--	-------------------------------	--	------------------------------------	--	-----------------------------	--	----------------------------	--

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 (City and State or Foreign Country) Louisville, Kentucky			12. CITIZEN OF WHAT COUNTRY? U.S.		
---	--	--	-----------------------------------	--	--	---	--	--	-----------------------------------	--	--

13a. FATHER'S NAME Isaac Lieber			13b. MOTHER'S MAIDEN NAME Rose Sale			14. NAME OF HUSBAND OR WIFE David Baer		
---------------------------------	--	--	-------------------------------------	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME David Baer Jr		ADDRESS St. Louis, Mo.	
--	--	------------------------------	--	---	--	------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of Colon		DUE TO (b) Fever of unknown origin		2 1/2 mo.	
		ANTECEDENT CAUSES		DUE TO (c) Metastatic carcinoma		3 mo.	
		II. OTHER SIGNIFICANT CONDITIONS		multiple sclerosis		years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma of ascending colon, Cecum				20. AUTOPSY? YES <input checked="" 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) 153x	
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?	

22. I hereby certify that I attended the deceased from May 10, 1957, to Aug 18, 1957, that I last saw the deceased alive on Aug 17, 1957, and that death occurred at 12:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE Lewellyn Sab Jr MD		23b. ADDRESS 100 N. Euclid Ave		23c. DATE SIGNED 8/18/57	
-----------------------------------	--	--------------------------------	--	--------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Aug. 19, 1957		24c. NAME OF CEMETERY OR CREMATORY Valhalla Chapel of Memories		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
---	--	-------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. AUG 19 57		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Belleville, Ill.	
------------------------------------	--	--	--	----------------------------------	--	--------------------------	--

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 Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Wigil M. Bugman*
Licensed Embalmer No. *369*
P. O. Address *Belleville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.