MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 25580

Township ..... Primary Registration District No. 1003 Registered No. 7397

City St. Louis Mo. (No. 3452 Alberta Ave. St. ..... Ward)

2. FULL NAME Jacob Baer

(a) Residence (Usual place of abode) No. 3452 Alberta St., 16 Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 22-1873.

7. AGE: Years 55 | Months 3 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Lineman For
(b) General nature of industry, business, or establishment in which employed (or employer): Bell Telephone Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

PARENTS

10. NAME OF FATHER: Clemens Baer.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Matilda Baer
(Address) 3452 Alberta

15. FILED JUL 17 1928 19 Max C. Starkloff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14 1928

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1928, to July 14, 1928, that I last saw h. Amin. alive on July 14, 1928, and that death occurred, on the date stated above, at 2:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Cholecystitis with Stones

46
1 A 7 B
1 0

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Gall bladder & Liver

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? yes DATE OF May 14th 1928

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopical

(Signed) Louis Nassiew, M.D.

July 14, 1928 (Address) 318 University Club Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Sunset Burial Pk. DATE OF BURIAL: 7-17- 1928.

20. UNDERTAKER: Ziegenheim Bros. ADDRESS: 2623 Cherokee St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

[illegible] INFORMATION IS A PERMANENT RECORD