

**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. 1005
Township..... Primary Registration District No. 1005
City St. Louis, Mo. (No. 3543 Texas Avenue) St. 24 Ward

File No. 2954
Registered No. 404
St. Ward

2. FULL NAME Mary Baer

(a) Residence. No. 3543 Texas Avenue St. 24 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 Female 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 William Baer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30th, 1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>43</u>	<u>7</u>	<u>12</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Wm Baer
(Address) 3543 Texas Avenue

15. FILED Jan 11 1930 Wm C. Stedley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 12th, 1930

17. I HEREBY CERTIFY, That I attended deceased from 5-4, 1924, to 1-10, 1930 that I last saw him alive on 1-10, 1930, and that death occurred, on the date stated above, at 7:15 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Endocarditis
72 A
62 A

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage (duration) yrs. mos. ds.
1 hr (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Joseph B. Giles, M. D.
1-13, 1930 (Address) 1744 Chestnut

*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 New St. Marcus DATE OF BURIAL Jan. 14 1930

20. UNDERTAKER Wm C. Stedley ADDRESS 2351 S. Brdwy.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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W-9

