

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

Do not use this space.

3205

**1. PLACE OF DEATH**

County..... Registration District No. 170  
 Township..... Primary Registration District No. 90  
 City St. Louis (No. City Hospital #1) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1721<sup>2</sup> 29<sup>th</sup> St. A3 Ward \_\_\_\_\_  
 (Usual place of abode) (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Baer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 2 - 1878</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>11</u>
	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>
	10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Leadwood, Mo

FATHER 13. NAME  
Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Unknown, Mo

MOTHER 15. MAIDEN NAME  
Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Unknown

17. INFORMANT (ADDRESS)  
Charles Baer, 1721<sup>2</sup> 29<sup>th</sup> St.

18. BURIAL, CREMATION, OR REMOVAL PLACE  
New St. Marcus DATE Jan 30 1932

19. UNDERTAKER (ADDRESS)  
Wacker-Baldede, 2433 1/2 E. 24<sup>th</sup> St.

20. FILED Jan 29 1932 May C. Starker Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1932  
No physician in attendance

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Strangulation of Intestine  
Vertical Hernia (abdominal)

Date of onset

Other contributory causes of importance:

1778  
132A/1/2/3/4/5/6/7

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19\_\_\_\_

Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify.....

(Signed) John R. ... M.D.  
Deputy Coroner  
 (Address) 1129/32

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.

