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.

FEB 21 1935

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

Do not use this space.

791

3734

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 1058

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. 1921, Virginia Ave St. ..... Ward)

2. FULL NAME Oliver L. Baer.

(a) Residence, No. 1921 Virginia Ave St., 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Agnes Baer.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 18-1868

7. AGE YEARS 66 MONTHS 9 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Frisco RR.

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) Darrtown. Ohio.

FATHER

13. NAME Frederick Baer.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Mary Cryer.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.

17. INFORMANT (ADDRESS) Mrs Oliver L. Baer. 1921 Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Jan 31- 1935

19. UNDERTAKER (ADDRESS) Peetz Bros 3029 Lafayette Av

20. FILED JAN 30 1935 J. H. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1935 to Jan 28, 1935

I last saw h[illegible] alive on Jan 28, 1935. Death is said to have occurred on the date stated above, at 4:20 p m.

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

	Date of onset
Arteriosclerosis (Hemiplegia)	1932
Cerebral Hemorrhage	
Other contributory causes of importance:	
Acute Dilation Heart	Jan 28 35

Name of operation ..... Date of .....

What test confirmed diagnosis? Paralysis Was there an autopsy? .....

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) W. Salisbury, M. D.

(Address) 3258 Lafayette

No Estimate
Letters & Lessons