

FEB 12 1938

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

388
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis** (d) Street No. **DePaul Hospital** Registered No. **244**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

Paul R. Baer 600
(a) Residence, No. **2169 College Ave.** St. **9**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Alice Baer**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 1, 1907**

7. AGE YEARS **30** MONTHS **11** DAYS **5** If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **Dr. Paul R. Baer**

14. BIRTHPLACE (CITY OR TOWN) **Saxony** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Emma Stuever**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

17. INFORMANT **Mrs. Alice Baer** (ADDRESS) **2169 College Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Jan. 10, 1938**

19. FUNERAL DIRECTOR **Arthur J. Donnelly Undt. Co.** (ADDRESS) **3840 Lindell Blvd.**

20. FILED **JAN 7 1938** **J. P. Bredeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 6, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **1/3/38**, 19, to **1/6/38**, 19. I last saw him alive on **1/6/38**, 19. Death is said to have occurred on the date stated above, at **2 P. m.**
The principal cause of death and related causes of importance were as follows:

Peritonitis
1226
Other contributory causes of importance: **none**

Operation for intestinal obstruction caused from adhesion of an old operation for hernia
Name of operation **Laparotomy**, Date of **1/3/38**
What test confirmed diagnosis? **X-ray** Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **no** 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? **no**
If so, specify (Signed) **A. J. Stein**, M. D.
(Address) **1815 W. Louisiana**

Every statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state exactly supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, W.H. Van Matre, Licensed Embalmer No. 2825

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed W.H. Van Matre

Licensed Embalmer No. 2825

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)