

NOV 16 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH **791**

33689  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1003  
(b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
(c) City St. Louis (d) Street No. 4547 Tholozan Ave. St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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.

2. PRINT FULL NAME Lena Emma Baer

(a) Residence, No. 4547 Tholozan Ave. St. 15  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19 - 1878.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
59 9 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
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) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Charles D. Baer

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Ed. L. Mallon  
(ADDRESS) 4547 Tholozan Ave.,

18. BURIAL, CREMATION, OR REMOVAL  
PLACE New St. Marcus DATE Oct. 5 1938

19. FUNERAL DIRECTOR Wacker-Helderle  
(ADDRESS) 2331 S. Broadway

20. FILED Oct 4 1938  
J. Brebeck  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1938 to Oct 2 1938

I last saw her alive on Sept 24 1938 Death is said to have occurred on the date stated above, at 4:30 m.

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

Cerebral arteriosclerosis Date of onset 11/1/32  
Spastic Paralysis 8/10 4/2/32

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis clinical Was there an autopsy? no

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? yes  
If so, specify Ed. L. Mallon M. D.  
(Signed) J. Brebeck (Address) 2924 S. Grand

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.

STATEMENT BY LICENSED EMBALMER

I, Robert Wheeler

Licensed Embalmer No. 2128

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

.....L. E.

No. .... or by .....

Registered Apprentice No. ....

working under my personal supervision.

Signed

Robert Wheeler

Licensed Embalmer No.

2128

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