

REC'D NOV 16 1938

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

33922  
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 Mo.** (d) Street No. **St John Hospital** 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.

Registered No. **8908**

2. PRINT FULL NAME

**Jacquelein Baer**  
(a) Residence, No. **3237 S Compton Ave.** St. **16**  
(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 **Single**  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 18 1936**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
**2 2 24**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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 **Henry Baer** 14. BIRTHPLACE (CITY OR TOWN) **St. Louis. Mo.** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Freida Bauer** 16. BIRTHPLACE (CITY OR TOWN) **St. Louis.** (STATE OR COUNTRY) **Mo.**

17. INFORMANT **Henry Baer** (ADDRESS) **3237 S Compton Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New S.S. Peter & Paul** DATE **Oct 13 1938**

19. FUNERAL DIRECTOR (NAME) **Thos. Blutes** (ADDRESS) **2906 Gravois Ave.**

20. FILED **OCT 12 1938** **J. F. Bredech** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 11 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 1937** to **Oct 11 1938**  
I last saw him alive on **Oct 11 1938** Death is said to have occurred on the date stated above, at **10:15 a.m.**

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

**Tuberculosis meningitis** Date of onset **Oct 13**  
Other contributory causes of importance: **Pulmonary, tubercular?**

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) **J. P. Cortright**, M. D.  
(Address) **St. Louis, Mo.**

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

THOS. KUTIS

, or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Thos. Kutis*

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois Ave.

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.)

If this body is not embalmed, above space should be left blank.