

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

34597

Do not use this space.

1. PLACE OF DEATH **2138**
 (a) County Jackson Registration District No. 399
 (b) Township Hann Primary Registration District No. 1007 Registered No. 3933
 (c) City Hann City (d) Street No. 215 East Linwood Blvd 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 Leon Baer
 (a) Residence, No. 215 East Linwood Blvd (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22, 1867

7. AGE YEARS 71 MONTHS 2 DAYS 17 If LESS than 1 day, hrs. or min.

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

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) Hann City, Missouri

FATHER 13. NAME Abraham Baer 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Rachel Waldhueser 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

17. INFORMANT (ADDRESS) Julius Baer, 215 Linwood Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Edinwood DATE Oct 4, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Carroll Davis, 3024 Truxtun

20. FILED Oct 10, 1938 M. M. Crona Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 27th, 1938 to Oct 8th, 1938. I last saw him alive on Oct 8th, 1938. Death is said to have occurred on the date stated above, at 11-0. The principal cause of death and related causes of importance were as follows:
Chronic valvular disease of heart with dilatation
 Date of onset not known

Other contributory causes of importance: Rheumatism from not known

Name of operation none Date of _____
 What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 19____
 Where did injury occur? front (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury no
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) Supers (arch) augh M. D.
 (Address) 714 Bryant

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 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, _____
_____, or by _____

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

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.