

79 FILED OCT 25 1940

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Congress Hotel  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis 12  
(If outside city or town limits, write "RURAL")

(d) Street No. Congress Hotel  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Emma Baer

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 27 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>---</u>	<u>30</u>	_____ hr. _____ min.

9. Birthplace Belleville Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Aaron Baer

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Adele Horstetter

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant R. E. Einstein

(b) Address 220 N. Kingshighway

17. (a) Cremation (b) Date thereof 9-29-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Herman Lindberg

(b) Address 5216 Delmar Blvd.

19. (a) SEP 27 1940 (b) J. F. Broadbent  
(Date given for registration) (Signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26  
year 1940 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept., 1938, 19\_\_\_\_, to May, 1940, 19\_\_\_\_;  
that I last saw her alive on May, 1940, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage (sudden onset)

Due to Arteriosclerotic cardio vascular heart disease, with hypertension  
3 yrs

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 5 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy None

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Peter J. Kohler (M. D. or other) \_\_\_\_\_  
Address 462 N. Taylor Ave. Date signed 7/17/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 Chas. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delmas

**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, fact should be so stated above.**