

FILED NOV 6 1942 18

State File No. ....

Registration District No. ....

Primary Registration District No. ....

1003

Registrar's No. 9021

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Deaconess Hospital  
(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 Illinois (b) County Madison  
(c) City or town St. Jacobs  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 2

3. (a) PRINT FULL NAME Margaret Baer

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Arthur Baer 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Nov. 5th 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 11 24 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Conrad Binger

13. Birthplace St. Jacobs, Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Dressel

15. Birthplace St. Jacobs, Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Baer

(b) Address St. Jacobs, Illinois

17. (a) Removal (b) Date thereof 10/30/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Jacobs, Illinois

18. (a) Signature of funeral director Albert H. Honpe Inc

(b) Address 4700 Washington Blvd.

19. (a) OCT 29 1942 (b) J. J. Predeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29  
year 1942 hour 9 minute 4 A.M.

21. I hereby certify that I attended the deceased from September 9  
1942 to Oct. 29, 1942;  
that I last saw her alive on Oct. 29, 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
General Abdominal Carcinomatosis  
Due to Carcinoma of Ovary

Other conditions:  
(Include pregnancy within 3 months of death)  
None

Major findings:  
Of operations.....  
Of autopsy.....

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 A. R. Pfeiffer (M. D. or other)  
Address 1020 Mc. Shady Blvd. St. Louis, Mo. Date signed 10-29-42

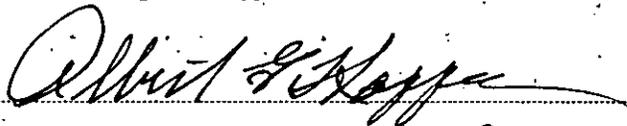
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**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. 2971

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, fact should be so stated above.**