

FILED NOV 6 1942 318

1003

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3211 Harper St. /
(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)

3. (a) PRINT FULL NAME Mary Baier

3. (b) If veteran, name war No 3. (c) Social Security No. 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

7. Birth date of deceased December 30, 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 0 If less than one day
hr. min.

9. Birthplace Peoria Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Francis Baier

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

14. Maiden name Elise Leser

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

16. (a) Informant Miss Lina Baier

(b) Address 3211 Harper St.

17. (a) Cremation (b) Date thereof Nov. 2, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wm. F. Haschedag
(b) Address 2825 N. Grand Blvd.

19. (a) OCT 30 1942 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 12
(d) Street No. 3211 Harper St. (If rural, give location) 109
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30th
year 1942 hour 8 minute 20A M.

21. I hereby certify that I attended the deceased from Sept 16 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 apoplexy
Due to _____
Due to _____
Other conditions (Include pregnancy within 8 months of death) 88

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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 W. E. Light (M. D. or other) _____
Address 3720 Washington Blvd. Date signed 10/30/42

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.....

G. W. Wilkinson

Licensed Embalmer No.....

3575

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.