

FILED - Fessman 1943

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 9

26
55
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1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
In this community 30 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 419 Broadway
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Max Has Baer

3. (b) If veteran, name war 0 3. (c) Social Security No. 0

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

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

7. Birth date of deceased October 12 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 2 28 hr. min.

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

10. Usual occupation Junk Dealer

11. Industry or business Junk

12. Name Israel Baer

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

14. Maiden name Fannie (Not Known)

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

16. (a) Informant Mr. Jennie Baer

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Jan-12-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Chas Gordon

(b) Address Jefferson City, Missouri

19. (a) 1-11-43 (b) Charman Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day Jan
year 1943 @ 3 hour a minute 0 M.

21. I hereby certify that I attended the deceased from Jan 1-1943 to Jan 10 1943
that I last saw him alive on Jan 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobular Pneumonia
Pneumonitis
(Streptococcus)
Due to Streptococcus

Due to Suspected diabetes
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

Duration
10 days

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) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

23. Signature A. Oldeman (M. P. or other) M.D.
While at work (Specify type of place) (e) Means of injury 0
Address Jefferson City, Mo. Date signed 1/11/43

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

APR 31 1951

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 Louis Quent
Licensed Embalmer No. 4096
P. O. Address Jefferson City

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.