

FILED SEP 30 1944

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Primary Registration District No. 1003

Registrar's No. 8156

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3941 Oleatha Ave.,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community Life. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3941 Oleatha Ave.,  
(If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Maggie Baer

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Jan. 30th, 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 7 22 hr. min.

9. Birthplace Tell City Ind. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business.....  
12. Name John Stoecklin  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Marie Lowe  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Jeff. Baer  
(b) Address 5228 So. Grand Ave.,

17. (a) Cremation (b) Date thereof 9/25/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director John S. Ziegenhein & Sons  
(b) Address 7027 Gravois Ave.,

19. (a) SEP 25 1944 (Date received local registrar) J. F. Bredbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22nd  
year 1944 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from May 1944 to Sept 22 1944  
that I last saw her alive on Sept 21 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis  
Chr. Hypertension

Duration  
1 yr ??  
10 yr ??

Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death).....  
Major findings:  
Of operations.....  
Of autopsy.....

930

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?

23. Signature J. F. Bredbeck (M. D. or other).....  
Address: 5417 So. Grand Blvd Date signed 9-23-44

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

MOYER 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..... *S. P. Kildwell*.....

Licensed Embalmer No..... *3877*.....

P. O. Address..... *7027 Gravois av*.....

**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.**