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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7465

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 3027

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: 4711 Farlin Ave
(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: 000

(a) State Missouri (b) County 14

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

(d) Street No. 4711 Farlin Ave
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frederick Ernst Baer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Anna C. Baer

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

7. Birth date of deceased March (Month) 23rd. (Day) 1878 (Year)

8. AGE: Years 67 Months 0 Days 10 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Retired Machinist

11. Industry or business

FATHER
12. Name Ernst Baer
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Gerholdt
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Ernest Schneider
(b) Address 5822 Henner Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-45 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Blvd.

19. (a) APR 4 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd. year 1945 hour 3.15 minute P. M.

21. I hereby certify that I attended the deceased from Mch. 2, 1945, to Apr. 3, 1945 that I last saw him alive on Apr 3, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration Indef.

Due to

Due to

Other conditions Chron. Brights Disease — Indef.
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. I. Rigler (M. D. or other)

Address 4158 Newstead av. Date signed 4/4-45

(Licensed Embalmer's Statement on Reverse Side)

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

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.....Earl E Provost

Licensed Embalmer No.....1578

P. O. Address.....3710 N Grand Blv

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.