No. 2
-12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1946

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38163

Primary Registration District No. 2002

Registrar's No. 3768

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: University City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6331 Delmar (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days): In this community: 2yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 96

(c) City or town: University City (If outside city or town limits, write "RURAL")

(d) Street No.: 6331 Delmar (If rural, give location)

(e) Citizen of foreign country? Registered Alien (Yes or No)

If yes, name country: Germany

3. (a) PRINT FULL NAME: Solly Baron

3. (b) If veteran, name war: No

3. (c) Social Security No.:

4. Sex: male

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Erna Baron

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

7. Birth date of deceased: April (Month) 24 (Day) 1874 (Year)

8. AGE: Years 72 Months 7 Days 3 If less than one day hr. min.

9. Birthplace: Berlin (City, town, or county) Germany (State or foreign country)

10. Usual occupation: Rabbi

11. Industry or business:

12. Name: Jacob Baron

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

14. Maiden name: Rosa (unk)

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

16. (a) Informant: Kurt Baron

(b) Address: 6331 Delmar

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 11/29/46 (Month) (Day) (Year)

(c) Place: burial or cremation: Brith Sholom

18. (a) Signature of funeral director: Berger Memorial

(b) Address: 4715 McPherson

19. (a) 12-2-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27 year 1946 hour 0 1 minute 40 P M.

21. I hereby certify that I attended the deceased from Nov 27 1946 to Nov 27 1946 that I last saw him alive on 11-25 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Terminal Bronchopneumonia	24 hrs
Due to: left hemiplegia recurrent	10 mo.
Due to: Generalized arteriosclerosis hypertension	many years
Other conditions (include pregnancy within 3 months of death): diabetes	

Major findings: Of operations: none

Of autopsy: none

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: Joseph Macidson (M. D. or other) M.D.

Address: 520 Westgate Date signed: 11-27-46

(Licensed Embalmer's Statement on Reverse Side)

6331

MAY 10 1959

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 Lewis F. Fudurg

Licensed Embalmer No. 4229

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.

MAY 8 1953

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State File No. 38163-4

State of Missouri
County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

On this 18th day of May, 1953, before me appears Mrs Erna Baron, who, upon her oath, states that the original record of birth ~~death~~ for SOLLY BARON, died born, 19..., ~~in the State of Missouri~~, and which was filed at ..... on ....., 19..., should be corrected as follows:

Item No. 7 should read April 24, 1874

Instead of April 24 1887

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Erna Baron

Relationship.

6109 Washington Bl. St. Louis 12 Mo.

Present Address.

Subscribed and sworn to before me this 18th day of May, 1953.

My Commission expires Nov. 24, 1954

Leon Lander Notary Public.

m V. S. 460