

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 27 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35329

Registration District No. 290

Primary Registration District No. 5983

Registrar's No. 151

1. PLACE OF DEATH:

(a) County Peoria Co.
(b) City or town Rural Cullen Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(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

Harold Baron

3. (b) If veteran,

name was _____

3. (c) Social Security

No. 337-10-2368

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 1 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 11 25 hr. min.

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

10. Usual occupation Salesman

11. Industry or business Matches

12. Name Arthur Baron

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

14. Maiden name Pearl Plotsky

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

16. (a) Informant Arthur Baron

(b) Address 3310 Hollywood Chicago

17. (a) Burial (b) Date thereof 9-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Proviso, Ill

18. (a) Signature of funeral director Jaffe & Albert

(b) Address 5145 Broadway Chicago

19. (a) Oct. 23 1947 (b) Helma C. Buchthorpe
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Cook 999
(c) City or town Chicago 11
(If outside city or town limits, write "RURAL")
(d) Street No. 3310 Hollywood
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26th
year 1947 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Broken Neck & Crushed Chest - Auto accident
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy None

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) Accident R.S.

(b) Date of occurrence 9/26/1947

(c) Where did injury occur? 8 miles E. of Waukegan
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on U.S. Highway 60.

While at work? _____ (Specify type of place)
(e) Means of injury Broken Neck

23. Signature R.B. Jeepe (M. D. or other health officer)

Address Richland 999 Date signed 9/24/47

(Licensed Embalmer's Statement on Reverse Side) Call. W.P. 0. M. 11/1/47

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

OCT 23 1947

MOTHER FATHER

APR 27 1949

OCT 27 1947

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 Paul B. Hoops

Licensed Embalmer No. 3261

P. O. Address Waynesville N.C.

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.