. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

6012

State File No. 1170

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: Park Lane Hos'p. 4900 Lindell Blvd
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 108 N. Kingshighway
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMMA BAER.
3. (b) If veteran, name war ##########
3. (c) Social Security No. none
4. Sex Female
5. Color or race W.
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 23, 1879 (Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 9 If less than one day hr. min.

9. Birthplace Jersey City N. J. (City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business
MOTHER FATHER
12. Name Morris Baer
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Mary Appleton
15. Birthplace New York City (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. E. M. Edgas
(b) Address York Hotel
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai
18. (a) Signature of funeral director Mayer
(b) Address 4356 Lindell Blvd
19. (a) FEB 4 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2. year 1948 hour 9 minute P. A. M.
21. I hereby certify that I attended the deceased from Aug. 1 26, 1946 to 2-2-48 that I last saw her alive on 2-2-48 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Carcinoma primary of cervix, 17 mo
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Clyde E. Kane (M. D. or other) M.D.
Address 706 Walton Date signed 2-3-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.