

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

21342  
 State File No. 4961  
 Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

**1. PLACE OF DEATH**  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis Mo.**  
 c. LENGTH OF STAY (in this place) \_\_\_\_\_  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **4625 BRIGHT**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)  
 a. STATE **Mo.** b. COUNTY \_\_\_\_\_  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis 2129**  
 d. STREET ADDRESS (If rural, give location) **4625 BRIGHT**

**3. NAME OF DECEASED**  
 a. (First) **Henry** b. (Middle) **C.** c. (Last) **Baer**  
 (Type or Print)

**4. DATE OF DEATH** (Month) (Day) (Year)  
**3 20 50**

**5. SEX** **Male** **6. COLOR OR RACE** **White** **MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Married**  
**7. DATE OF BIRTH** **4-11-1883** **8. AGE** (In years, if under 1 year last birthday) (Months) (Days) (Hours) (Min.) **67**

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **actor** **10b. KIND OF BUSINESS OR INDUSTRY** **U.K.** **11. BIRTHPLACE** (State or foreign country) **Mo.** **12. CITIZEN OF WHAT COUNTRY?** **U.S.**

**13a. FATHER'S NAME** **U.K.** **13b. MOTHER'S MAIDEN NAME** **U.K.** **14. NAME OF HUSBAND OR WIFE** **U.K.**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes or no) **No** **16. SOCIAL SECURITY NO.** **U.K.** **17. INFORMANT'S SIGNATURE OR NAME** **V. T. Taylor** **ADDRESS** **1300 Clark**

**18. CAUSE OF DEATH**  
 Enter only one cause per line for (a), (b), and (c)  
 \*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) \_\_\_\_\_  
 ANTECEDENT CAUSES \_\_\_\_\_  
 DUE TO (b) **Coronary Occlusion**  
 DUE TO (c) **Coronary Sclerosis**  
**II. OTHER SIGNIFICANT CONDITIONS**  
 Conditions contributing to the death but not related to the disease or condition causing death. \_\_\_\_\_  
**INTERVAL BETWEEN ONSET AND DEATH** \_\_\_\_\_

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_ **20. AUTOPSY?** YES  NO

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify) \_\_\_\_\_ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** \_\_\_\_\_

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) \_\_\_\_\_ **21e. INJURY OCCURRED WHILE AT WORK**  NOT WHILE AT WORK  **21f. HOW DID INJURY OCCUR?** **H.O.I.**

**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ from the causes and on the date stated above.**

**23a. SIGNATURE** **Deputy** (Degree or title) **23b. ADDRESS** **1300 Clark** **23c. DATE SIGNED** **6/17/50**

**24a. BURIAL, CREMATION, REMOVAL (Specify)** \_\_\_\_\_ **24b. DATE** **JUN 6 1950** **24c. NAME OF CEMETERY OR OPERATORY** **Anatomical Board** **24d. LOCATION (City, town, or county) (State)** \_\_\_\_\_

**DATE REC'D BY LOCAL REG.** **JUN 6 1950** **REGISTRAR'S SIGNATURE** **J. B. Basater** **25. FUNERAL DIRECTOR'S SIGNATURE** **Rowland Service** **ADDRESS** **4104 Manchester**

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WRITE PLAINLY—USING 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 Student  
at College of Mortuary Science Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Ralph W Henson  
Licensed Embalmer No. 3791  
P. O. Address St. Louis, Mo.

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.