

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007712

STATE FILE NUMBER

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2050

FILED FEB 28 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

St. Louis Mo.

Length of stay in 1b

48 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

JEWISH HOSP

Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY  
OR TOWN

St. Louis

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

4496 Maryland

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

MONTE

BAER

4. DATE

OF DEATH

Month

Day

Year

Feb

29

1962

## 5. SEX

male

## 6. COLOR OR RACE

W.

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

8/1/1886

## 9. AGE (last birthday)

75

## IF UNDER 1 YEAR

## IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

## 10b. KIND OF BUSINESS OR INDUSTRY

Insurance

## 11. BIRTHPLACE (City and state or country)

St. Louis Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

SOL

BAER

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

Lena Baer (Deceased)

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

495-22-7854

## 17. INFORMANT

Ruth Hearst

Address

1204 Ashford, St. Louis Mo

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Meningitis

## INTERVAL BETWEEN ONSET AND DEATH

10 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Atherosclerotic Heart Disease

years

## DUE TO (c)

Glomerulonephritis

6 weeks

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Myocardial Infarction 6 weeks

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

4200

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

Jan 2-1962 to

Feb 1962

and last saw him alive on Feb 18-1962

## Death occurred at

3:30 A

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Herman M. Meyer MD

## 22b. ADDRESS

4409 West Pine (8)

## 22c. DATE SIGNED

7/19/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

## 23b. DATE

2/20/62

## 23c. NAME OF CEMETERY OR CREMATORY

Mt. Sinai

## 23d. LOCATION (City, town, or county)

8400 Gravois Ave

## 24. FUNERAL DIRECTOR

ADDRESS

Mayer

## 25. DATE RECD. BY LOCAL REG.

FEB 20 1962

## 26. REGISTRAR'S SIGNATURE

Road Smith. M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harvey Kahle*

Licensed Embalmer No. 4596

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.