

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 21 1934

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

11491

1. PLACE OF DEATH

County Ardrain
Township St. Louis
City St. Louis (No. 5032)

Registration District No. 25
Primary Registration District No. 5032

File No. 1
Registered No. 71
St. 13 Ward

2. FULL NAME

A. J. Baicourt
(a) Residence, No. 1212 (Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clementine Baicourt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov - 21 - 1854
7. AGE YEARS 77 MONTHS 4 DAYS 29 IF LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind
13. NAME James Baicourt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind
15. MAIDEN NAME Jessie Spear
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind
17. INFORMANT (ADDRESS) V. H. Baicourt
18. BURIAL, CREMATION, OR REMOVAL PLACE Denton City DATE April - 24 - 34
19. UNDERTAKER (ADDRESS) S. W. Kuhn
20. FILED 4/22 1934 W. S. Amos Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 20, 1934
22. I HEREBY CERTIFY, That I attended deceased from Apr 16 to Apr 20, 1934
I last saw him alive on Apr 20, 1934 Death is said to have occurred on the date stated above, at 6 P. M.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerotic Date of onset 1929
Myocard
Memoria 131 1934

Other contributory causes of importance:

131
132 B
Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify —
(Signed) W. S. Amos M. D.
(Address) W. S. Amos

