

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

Do not use this space.

20589

1. PLACE OF DEATH

92 County St. Charles
Township Saidemue
City St. Charles (No. 1)

Registration District No. 760
Primary Registration District No. 6001

File No. 1
Registered No. 33
St. St. Charles Ward 1

2. FULL NAME

Marie Lucille Bakie

(a) Residence, No. 1 St. St. Charles Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred 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 Female 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 T. J. Bakie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4 - 1897

7. AGE YEARS 34 MONTHS 8 DAYS 13 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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

12. BIRTHPLACE (CITY OR TOWN) Scott County, Mo (STATE OR COUNTRY)

13. NAME John Ernest

14. BIRTHPLACE (CITY OR TOWN) O'Fallon, Mo (STATE OR COUNTRY)

15. MAIDEN NAME Theresa Misfagel

16. BIRTHPLACE (CITY OR TOWN) O'Fallon, Mo (STATE OR COUNTRY)

17. INFORMANT T. J. Bakie (ADDRESS) O'Fallon, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles DATE July 1, 1932

19. UNDERTAKER H. J. Halliday & Son Co. (ADDRESS) 800 N. 2nd St. St. Charles, Mo.

20. FILED 7/5 1932 McCauley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27th, 1932

22. I HEREBY CERTIFY That I attended-deceased-from Lied St. Charles, 1932

I last saw him alive on June 28, 1932 Death is said

to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Accident due to an explosion of a gasoline tank which was connected to a gasoline pump when she turned the pump on the tank 4/27/32

Other contributory causes of importance:

Fractured of face & skull

1932

Name of physician Dr. J. H. Halliday Date of June 27, 1932

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? Accident Date of injury 6/27/1932

Where did injury occur? O'Fallon, Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Gasoline explosion

Nature of injury Fractured of face & skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. J. H. Halliday, M. D.

(Address) St. Charles, Mo

OCT 11 1957