

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.

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

Do not use this space

JAN 29 1937

42458

1. PLACE OF DEATH

County St. Louis Registration District No. 790
Township Clayton Primary Registration District No. 60332
City Clayton (No. St. Louis County hospital)

File No. _____
Registered No. 438 St. _____ Ward)

2. FULL NAME

William Baine,
Glencoe, Mo.

(a) Residence, No. _____ St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/20/1936, 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ?

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:22 am.

7. AGE YEARS ABOUT 49 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) Nov-16-1936 11. Total time (years) spent in this occupation ✓

Injured thumb and approximate knuckle of index finger rt. hand. Thumb has been taken off apparently at time of injury at the approximate joint of the hand by two

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Other contributory causes of importance: different doctors at Ballwin, Mo. St. Louis County, Two weeks later developed convulsions and became

13. NAME Unknown

Name of operation Coroner's view Date of _____ no
What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in _____ industry, in home, or in public place.

17. INFORMANT Fred Hagemeyer (ADDRESS) Charifield, Mo.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Sumby, Mo. DATE Nov-23-1936

24. Was disease or injury in any way related to occupation of deceased? If so, specify Subdural hemorrhage 11/29/36
(Signed) _____, M. D.
(Address) 3718 Jennings Rd.

19. UNDERTAKER Schader Funeral Home (ADDRESS) Ballwin, Mo.

20. FILED 11/23 1936 Della J. Signorelli Registrar.

Wm. J. Spring, A. M. A.

unconscious. The third doctor was called in and had him sent to St. Louis County hospital where it was diagnosed as tetanus following trauma. Died a few hours after entering St. Louis County hospital.