

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

32570
Do not use this space.

CT 1 4 1937
1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Christian Hospital** Registered No. **8624**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mary Baird**
(a) Residence, No. **3711 Westminster Pl.** St. **19**
(Usual place of abode, if no street address, write county or city) (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 **Howard Baird**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 8, 1905**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
30 32 8 5
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) **Iowa**

FATHER 13. NAME **Dick Bonwill**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Iowa**

MOTHER 15. MAIDEN NAME **Clara Chilton**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Iowa**

17. INFORMANT **Howard Baird**
(ADDRESS) **3711 Westminster Pl.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Ottumwa, Iowa** DATE **Sent. 14, 1937**

19. FUNERAL DIRECTOR **Arthur J. Donnelly Undt.**
(ADDRESS) **3840 Lindell Blvd.**

20. FILED **SEP 14 1937**
J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 13, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 10** 19**37** to **Sept 13** 19**37**
I last saw her alive on **Sept 13** 19**37** Death is said to have occurred on the date stated above, at **5:40 PM.**

The principal cause of death and related causes of importance were as follows:
Pneumonia Hypostatic Date of onset **Sept 11-37**
Chronic Alcoholism ?
Edema of Brain **Sept 13-37**
Multiple abscess of kidney ?
Chronic Gastritis ?

Other contributory causes of importance:
abscess of kidney due to Chronic Alcoholism

Name of operation **none** Date of
What test confirmed diagnosis? **Autopsy** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
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 **Robert G. Warner** M. D.
(Signed) **Paul Brown** M. D.
(Address) **1110 St. Louis**

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.

2222899

DEC 28 1949

STATEMENT BY LICENSED EMBALMER

I, Stanley Marchlewski Licensed Embalmer No. 2868

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Stanley Marchlewski

Licensed Embalmer No. 2868

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.)