

JAN 10 1938

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

43143
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1008**
(c) City **St. Louis** (d) Street No. **Missouri Baptist Hosp** St. **Mo.**
(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 **Miss Sibbie Baird**

(a) Residence, No. **6619 Kingsbury Blvd.** St. **KR** **W. City, Mo.**
(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 F | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18, 1875 | | |
| 7. AGE YEARS 62 | MONTHS 3 | DAYS 21 |
| If LESS than 1 day, hrs. or min. | | |
| 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Private Secretary | | |
| 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) December 1937 | | 11. Total time (years) spent in this occupation 25 1/2 |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania | | |
| 13. NAME Charles G. Baird | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania | | |
| 15. MAIDEN NAME Margaret Humes | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania | | |
| 17. INFORMANT (ADDRESS) Miss Florence Baird 6619 Kingsbury Blvd. | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE 12-11 , 19 37 | | |
| 19. FUNERAL DIRECTOR (ADDRESS) Fred M. Williams 4535 Washington Blvd. | | |
| 20. FILED 43143 J. Bredeck Local Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-9**, 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 23**, 19**37**, to **Dec. 9**, 19**37**
I last saw him alive on **Dec 9**, 19**37**. Death is said to have occurred on the date stated above, at **7:45 P.M.**
The principal cause of death and related causes of importance were as follows:
Carcinoma - left lung -

Other contributory causes of importance: **H 110**

Name of operation **none** Date of **12-9-37**
What test confirmed diagnosis? **Exam** 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 **Joseph Blaney** M. D.
(Signed) **525 Frisco Bldg.**
(Address)

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.

977

STATEMENT BY LICENSED EMBALMER

I, Robert H. Williams, Licensed Embalmer No. 3249

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 Robert H. Williams
Licensed Embalmer No. 3249

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.)