Twin 2

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

23746
Do not use this space.

1. PLACE OF DEATH REC'D AUG 12 1938

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 6440

(c) City St. Louis, Mo. (d) Street No. St. Louis Maternity Hospital St.
(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 Baird, Infant 6

(a) Residence, No. 3733 Maffitt St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

REC'D AUG 12 1938

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6 10 Rm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1938

7. AGE: Stillborn — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) St. Louis, Mo.

FATHER
13. NAME Baird, Percy Pyburn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis, Tenn.

MOTHER
15. MAIDEN NAME Friend, Dorothy Natalie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hoxie, Arkansas

17. INFORMANT (ADDRESS) Percy P Baird 3733 Maffitt

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wash. Univ DATE 7-19 1938

19. FUNERAL DIRECTOR (ADDRESS) Dept of Pathology Wash Univ

20. FILED JUL 19 1938 J. F. Buchek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-10, 1938, to 7-10, 1938

I last saw h— alive on —, 19— Death is said to have occurred on the date stated above, at 6 10 p.m.

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

Prematurity - 26 wks. (Miscarriage)

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) U R Bortnick, M. D.

(Address) 630 S. Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2. 50M-7-20-37 I X12004

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STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)