

REC'D OCT 12 1938

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

31088
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. **3209 Nebraska Ave** St. **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.

Registered No. **8525**2. PRINT FULL NAME **Paul Michall Baxter Jr.**

(a) Residence, No. **3209 Nebraska Ave** St. **24**
(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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Child**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 23 1938**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 5

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. **Child**
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) **Missouri**13. NAME **Paul M. Baxter**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**15. MAIDEN NAME **Mary DOLLES**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**17. INFORMANT **Paul M. Baxter**
(ADDRESS) **3209 Nebraska Ave**18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Peter and Paul** **Sept 29 1938**19. FUNERAL DIRECTOR **Peeetz Brothers**
(ADDRESS) **3029 Lafayette Ave**20. FILED **SEP 29 1938** **J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 28 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 26**, 1938, to **Sept 28**, 1938.
I last saw him alive on **Sept 24**, 1938. Death is said to have occurred on the date stated above, at **12:20 A.M.**
The principal cause of death and related causes of importance were as follows:

Acute Bronchitis **9-21**
Ac. Bilateral Otitis **9-22**
Infectious Strabismus **9-21**

Date of onset

Other contributory causes of importance:

Erythroblastia Anemia of Newborn.

Name of operation Date of
What test confirmed diagnosis? **Lab. for Otitis** 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?
If so, specify. **Ralph P. Cook** M. D.
(Signed) **508 N. Grand**
(Address)

Dr. Cook
Form 500
April 1964

STATEMENT BY LICENSED EMBALMER

I, FRANK I. OWENS, Licensed Embalmer No. 2245

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 Frank I. Owens

Licensed Embalmer No. 2245

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.)