

REC'D MAY 11 1939

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

16107  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 284  
(b) Township Normandy Primary Registration District No. 300 Registered No. 804  
(c) City Normandy (d) Street No. 7510 Spring Dale Ave. 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 49 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Marie Baptiste

(a) Residence, No. 7510 Spring Dale Ave. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30th. 1859  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
79 6 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
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) France

FATHER 13. NAME Prosper Brieklot

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Lucien C Baptiste  
(ADDRESS) 7510 Spring Dale Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri Crematory DATE May 5th 1939

19. FUNERAL DIRECTOR Harrigan & Sheahan Und Co.  
(ADDRESS) 4415 Washington Blvd.

20. FILED MAY - 4 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/2/39, 1939  
22. I HEREBY CERTIFY, That I attended deceased from May 13, 1935, to May 2, 1939  
I last saw her alive on April 15, 1939. Death is said to have occurred on the date stated above, at 6:45p.m.  
The principal cause of death and related causes of importance were as follows:

Coronary occlusion  
94 R  
Other contributory causes of importance:  
Coronary heart disease 1937  
General arterio sclerosis 1935

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) Thomas B. Pasi, M. D.  
(Address) 3720 Washington Blvd.

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.

*Wm & Co. Corp.*  
*Hammond, Ind.*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Homer W. Fritz*

Licensed Embalmer No.....

*3882*

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**