

REC'D JUN 21 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

19009

Do not use this space.

1. PLACE OF DEATH

(a) County KnoxRegistration District No. 441(b) Township EdinaPrimary Registration District No. 4259(c) City Edina(d) Street No. 24Registered No. 24

(e) Length of residence in city or town where death occurred

(f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 260 Lucy Maud BaigherSt. ☐

(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

Claude Baigher

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

June 22, 1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

601020

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.

Housekeeper

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)

Athens, Ohio

FATHER

13. NAME

H. L. Hull

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

Ohio

MOTHER

15. MAIDEN NAME

Mary Smith

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

Ohio

17. INFORMANT (ADDRESS)

Mrs Chas. Steetsman
Edina, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Lincoln Cem.

DATE

May 16

1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Paul C. Kragstana
Edina, Mo.

20. FILED

May 15

1939

Mrs C. M. SmithLocal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

5-13, 1939

22. I HEREBY CERTIFY, That I attended deceased from

1-17, 1936, to5-13, 1939

I last saw him alive on

5-17, 1939

Death is said

to have occurred on the date stated above, at 2:30 A. M.

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

Pharyngitis umbilical
Thyroid
Carcinoma liver

Date of onset

5-12-393-11-38

Other contributory causes of importance:

Heart failure
Umbilical hernia
(enveloped child birth 2nd child)19761906Name of operation none

Date of

What test confirmed diagnosis?

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

(Signed) Frederick L. Schmitt(Address) Edina, Mo.

RECEIVED
District Health Officer No. 10
District File Number 10-39-1082
Date Filed JUN 12 1939

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.....

Paul C. Krieghauser

Licensed Embalmer No. 4085

P. O. Address China MO.

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.