

N. R.—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.

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

26927

REGD AUG 7 1939
 Registration District No. 200

Primary Registration District No. 200

State File No. _____

Registrar's No. 1255

1. PLACE OF DEATH: 2
 (a) County. St. Louis
 (b) City or town. RURAL
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: POND RD
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community LIFE

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County St. Louis
 (c) City or town. RURAL
(If outside city or town limits, write "RURAL")
 (d) Street No. Pond Road
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME FENNIE BAUGH 200
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced W. D
 6. (b) Name of husband or wife JOS. BAUGH 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased MAY 31 1858
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Glendale Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business AT HOME

12. Name Joseph Banks
 18. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name unknown
 15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature William Hain
 (b) Address misely Rd Cape Cour mo

17. (a) STUART, Cem. (b) Date thereof 7/13/39
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation STUART CEM.

18. (a) Signature of funeral director Baummann Brown
 (b) Address 750 N. Woodson St. St. Louis

19. (a) JUL 13 1939 (b) St. Louis
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th
 year 1939 hour _____ minute 2:00 P.M.

21. I hereby certify that I attended the deceased from March 15, 1939, to July 11th, 1939, that I last saw her alive on July 10, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach
Toxemia
 Due to Carcinoma of stomach
 Due to _____
 Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none
 Of operations none
 Of autopsy none

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) none
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature B. R. Loving (M. D. or other) _____
 Address Ballerwin, Mo. Date signed 7-13-39

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.....

Licensed Embalmer No.....

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.