

FILED NOV 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36454

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1872

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm: 10-3-40
(Specify whether
In this community. -
years, months or days)

3. (a) PRINT FULL NAME Roy S. BAIRD

3. (b) If veteran, name war World 3. (c) Social Security No. -none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased June 14, 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 3 19 hr. min.

9. Birthplace Georgetown, Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Bridge Builder

11. Industry or business

12. Name Ira Baird

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Belle Payne
(City, town, or county) (State or foreign country)

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clinical

(b) Address VAF Jefferson Barracks, Mo.

17. (a) REMOVAL (b) Date thereof OCT 3, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LORRAINE, TEXAS

18. (a) Signature of funeral director C. Hoffmeister

(b) Address 7814 S. B. Highway

19. (a) OCT - 4 1940 (b) R. M. Hughes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County -

(c) City or town Loraine
(If outside city or town limits, write "RURAL")

(d) Street No. -
(If rural, give location)

(e) If foreign born, how long in U. S. A. - years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3
year 1940 hour 6: minute 00 P. M.

21. I hereby certify that I attended the deceased from October
3, 1940, to October 3, 1940
that I last saw him alive on October 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of descend-
ing colon with perforation and second-
ary peritonitis; metastases to liver. Unknown

Due to -

Due to -

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations No operation

Of autopsy See cause of death. Autopsy
performed.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(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?

(Specify type of place)
While at work? C. W. Hughes (e) Means of injury

23. Signature C. W. Hughes, M.D., Chief Medical Offi.

Address VAF Jeff. Bks., Mo. (M. D. or other)

Date signed 10-4-40

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 S. C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 2814 S. Broadway

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.