No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40438

FILED JAN 15 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 10209

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3625 Cook ave. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community abt 4 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 3625 Cook ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME ANNIE LAURA BAUL

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Baul

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Dec. (Month) 10 (Day) 1891 (Year)

8. AGE: Years 48 | Months 11 | Days 27 | If less than one day hr. min.

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

10. Usual occupation House Work

11. Industry or business at home 1

FATHER
12. Name Joseph Howard 1
13. Birthplace (City, town, or county) Georgia (State or foreign country)

MOTHER
14. Maiden name Betsy Eberhart
15. Birthplace (City, town, or county) Georgia (State or foreign country)

16. (a) Informant Johnnie McQuin
(b) Address 3625 Cook ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-40 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Atkins Bros. Unl. Co
(b) Address 3644 Finney ave.

19. (a) DEC 13 1940 (Date received local registrar) (b) J. N. Bledick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7
year 1940 hour 10 minute 55 P. M.

21. I hereby certify that I attended the deceased from 8-22, 1940 to 12-7, 1940
that I last saw her alive on 12-7, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	
Due to	
Due to 62	
Other conditions Paligra (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) X
(b) Date of occurrence X
(c) Where did injury occur? X (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? X (Specify type of place)
While at work? X (e) Means of injury X 1

23. Signature G J Dixon (M. D. or other)
Address 1048 N Vandeventer Date signed 12/9/40

(Licensed Embalmer's Statement on Reverse Side)

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 Louis V. Atki

Licensed Embalmer No. 2842

P. O. Address 3644 Fine

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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