

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JAN 8 1941  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 43856  
Registrar's No. 7327

Registration District No. 784 Primary Registration District No. 109

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 9 years  
years, months or days)

**3. (a) PRINT FULL NAME** Annie Baird  
**3. (b) If veteran,** name war nil  
**3. (c) Social Security** No. nil

**4. Sex** F **5. Color or race** W **6. (a) Single, widowed, married, divorced,** Widowed

**6. (b) Name of husband or wife** Malcomb Baird **6. (c) Age of husband or wife if** 1867  
alive \_\_\_\_\_ years

**7. Birth date of deceased** August 18 1867  
(Month) (Day) (Year)

**8. AGE:** Years 73 Months 3 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

**10. Usual occupation** Housewife

**11. Industry or business** At home

**12. Name** John Bell

**13. Birthplace** Scotland  
(City, town, or county) (State or foreign country)

**14. Maiden name** Elizabeth Engels

**15. Birthplace** Scotland  
(City, town, or county) (State or foreign country)

**16. (a) Informant's own signature** Daniel Baird

**(b) Address** 3508 Commonwealth Ave

**17. (a) Burial** Burial **(b) Date thereof** Dec. 10, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Oak Hill Cemetery

**18. (a) Signature of funeral director** MITTELBERG FUNERAL HOME  
WENONAH GROVES, MO.

**(b) Address** \_\_\_\_\_

**19. (a) DEC 9 1940** **(b) [Signature]**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County St. Louis  
 (c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3508 Commonwealth Ave  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 31 years

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Dec day 7  
 year 1940 hour 12 minute 45 p.M.

**21. I hereby certify that I attended the deceased from** Nov 15, 1940 to Dec 7, 1940  
 that I last saw her alive on Dec 7, 1940  
 and that death occurred on the date and hour stated above.

**Immediate cause of death**  
CARCINOMA OF SKIN OF FACE

**Due to** Indistinct  
**Due to** Changover of LIVER

**Other conditions**  
(Include pregnancy within 3 months of death)

**Major findings:**  
 Of operations 52  
 Of autopsy \_\_\_\_\_

**PHYSICIAN**

Duration 7 1/2 years  
1940  
 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)** \_\_\_\_\_

**(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?** \_\_\_\_\_

**23. Signature** [Signature] **(M. D. or other)** \_\_\_\_\_  
 Address 4114 W. Florissant Date signed 1940  
St. Louis, Mo.

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**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.....

*J. G. Sullivan*

Licensed Embalmer No..... 1122.....

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.**