Dr. E. A. Schneider

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32396

Registration District No. 757 Primary Registration District No. 3036 Registrar's No. 181

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

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: 1604 N. Second Street
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 09

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

(d) Street No. 1604 N. Second St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME William G. Baxter

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Marie Bushmeyer

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

7. Birth date of deceased December (Month) 7 (Day) 1867 (Year)

8. AGE: Years 73 Months 9 Days 7 If less than one day ..... hr. ..... min.

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

10. Usual occupation (Retired) Moulder

11. Industry or business American Car & Foundry

FATHER
12. Name John Baxter
13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Nancy Kinion
15. Birthplace Troy (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Albert Baxter
(b) Address 1604 N. Second, St. Charles, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 16 - 1941 (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles Borromeo Cem.

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co.
(b) Address 800 N. Second St., St. Charles, Mo.

19. (a) 9-15-41 (Date received local registrar) (b) Clarence D Nessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14 year 1941 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 9, 1939, to Sept 14, 1941; that I last saw him alive on Sept 14, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Infarct -	12 hours
Due to: Chronic Myocardial Degeneration. Endocarditis.	
Due to:	
Other conditions: Hypernephroma rt Kidney, operative removal	
Major findings: Of operations: Rt Kidney Aug 17 1939.	
Of autopsy: 94a	

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)
(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? (e) Means of injury

23. Signature Vincent A. Schneider (M. D. or other) MD
Address St Charles Mo Date signed 9/16/41

(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 John E Dalmeyer

Licensed Embalmer No. 2051

P. O. Address St Charles 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, fact should be so stated above.