

FILED NOV 19 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35923

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 204

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1002 Madison St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 1002 Madison St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24
year 1941 hour 11 minute 50 A. M.
21. I hereby certify that I attended the deceased from 10-13-41
to 10-24-41
that I last saw her alive on 10-24-41
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Cerebral Hemorrhage 4 Hours

Due to: Essential Hypertension ?

Other conditions (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) _____
(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 R.J. Burkle (M. D. or _____)
Address 200 Elm St. Date, signed 10-27-41

3. (a) PRINT FULL NAME Grace Lucille Baker

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Melvin Baker 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased October 12 1893
(Month) (Day) (Year)

8. AGE: Years 48 Months 0 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Robert Sterling Zimwalt

13. Birthplace St. Charles County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Thomsen

15. Birthplace Lincoln County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Melvin Baker

(b) Address 1002 Madison, St. Charles, Mo.

17. (a) Burial (b) Date thereof Oct. 26, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem. St. Charles, Mo.

18. (a) Signature of funeral director H.C. Dillmeyer & Sons Co.

(b) Address 900 N. Second, St. Charles, Mo.

19. (a) 10-25-41 (b) Blair H. Hessler
(Date received local registrar) (Registrar's signature)

679 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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. Dallmeyer
Licensed Embalmer No. 2951
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.