. S. No. 2
M—1-4-41
. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3425

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 297

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hosp.
(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. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6755 Page
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nimrod R. Baird
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Agu. (Month) 26 (Day) 1865 (Year)

8. AGE: Years 76 Months 5 Days 14 If less than one day hr. min.

9. Birthplace Greene County (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name J. Baird
13. Birthplace Bedford (City, town, or county) Ill. (State or foreign country)
MOTHER
14. Maiden name Mary E. Daniels
15. Birthplace Bedford (City, town, or county) Ill. (State or foreign country)
16. (a) Informant L. Eddy, Undertaker
(b) Address Pittsfield, Ill.
17. (a) (Burial, cremation, or removal) (b) Date thereof Feb 11 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Green Pond Ill
18. (a) Signature of funeral director L. Eddy
(b) Address Pittsfield, Ill.
19. (a) FEB 9 1942 (Date received local registrar) (b) E. G. McGavran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9
year 1942 hour 5:24 minute A M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Accidently struck by an automobile while a pedestrian on a public highway.
Due to Fracture of skull with subarachnoid hemorrhage; fracture of
Due to 1 to 10 ribs on left side with hemothorax; Rupture of aorta
Other conditions with hemopericardium;
(Include pregnancy within 3 months of death)
Rupture of spleen with hemoperitoneum.
Major findings: Of operations
Of autopsy Yes

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Feb. 9, 1942 117
(c) Where did injury occur? Page & Ferguson Aves. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place)
While at work? (e) Means of injury
23. Signature Louis H Bopp (M.D. or other)
Address Kirkwood, Mo. 2/9/42 Date signed

(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 Louis H Bopp, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis H Bopp

Licensed Embalmer No. 921

P. O. Address Kirkwood 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.