V. S. No. 2
30M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 4 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28120

State File No. .....

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1822

96 0 0

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Adm. 8/22/42 (Specify whether years, months or days)
In this community: unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000 17
(c) City or town: St. Louis 9
(If outside city or town limits, write "RURAL") 1
(d) Street No.: 8200 Church Road
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country: - /

3. (a) PRINT FULL NAME: John Baty
3. (b) If veteran, name war: World War 1918
3. (c) Social Security No. 527-05-2542
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: 0 Single
6. (b) Name of husband or wife: -
6. (c) Age of husband or wife if alive: - years
7. Birth date of deceased: April (Month) 25, (Day) 1890 (Year)
8. AGE: Years 52 Months 4 Days 3 If less than one day ..... hr. ..... min.
9. Birthplace: Belle, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Building Laborer
11. Industry or business: -
MOTHER FATHER
12. Name: Dan Baty
13. Birthplace: (City, town, or county) Missouri 0 (State or foreign country)
14. Maiden name: Sarah McDonald
15. Birthplace: (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant: M. Schilling
(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: Sept 1 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: NATIONAL CEMETERY
18. (a) Signature of funeral director: Friedrich, Funeral Home
(b) Address: 8319 Halls Ferry Rd.
19. (a) AUG 31 1942 (Date received local registrar) (b) C. G. McDaniel M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28th, year 1942 hour 4:40 minute p. M.
21. I hereby certify that I attended the deceased from August 22, 1942, to August 28, 1942 that I last saw him alive on August 28, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive and coronary arteriosclerotic heart disease, cardiac enlargement and myocardial insufficiency — Duration: Unknown
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 93d
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Nature of injury: D
23. Signature: L. M. COCHRAN, M.D., (M. D. or other)
Address: Chief Medical Officer Date signed 8/29/42

323 4/1/42 1/22

707

(Licensed Embalmer's Statement on Reverse Side)

OCT 9 1942

SEP 4 1942

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 Wilford G Burnby

Licensed Embalmer No. 4202

P. O. Address St Louis 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.