

FILED APR 15 1943

Registration District No. 784

Primary Registration District No. 101

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

326

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis County
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 minutes
(Specify whether)

In this community 60 years
years, months or days

3. (a) PRINT FULL NAME John Baro

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Kathryn Baro

6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased April 1 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 11 2 hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Unknown

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

14. Maiden name

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

16. (a) Informant Mrs Ed J. ...

(b) Address 37 S. Iola Drive Webster Groves

17. (a) Burial Old SS Peter & Paul
(Burial, cremation, or removal)

(b) Date thereof 3/6/43
(Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul

18. (a) Signature of funeral director W. H. ...

(b) Address

19. (a) MAR 6 1943
(Received local registrar)

(b) W. H. ...
(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. 3201 Laclede Station Rd
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day March
year 1943 hour 7 minute 45 a. M.

21. I hereby certify that I attended the deceased from March 3, 1943 to March 3, 1943; that I last saw h. alive on March 3, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Struck by an automobile while a pedestrian on a public highway.

Due to Laceration of scalp; Depressed fracture of right parietal

Due to & occipital bones; Laceration of brain with protrusion through

Other conditions skull fracture; Hemorrhage into ventricles of brain.
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Yes. 1700-21

Duration

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) Accident. 135

(b) Date of occurrence March 3, 1943

(c) Where did injury occur? Newport & Spring, Webster
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? No (e) Means of injury 3

23. Signature W. H. ...
Address Kirkwood, Mo. 3-743 Date signed

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.....

W. W. Wilkinson

Licensed Embalmer No.....

3575

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, fact should be so stated above.