

No. 2
-1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15836

State File No. _____

FILED JUN 9 1943

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 5072

1. PLACE OF DEATH: 31

(a) County _____

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

(c) Name of hospital or institution:
Enroute to City Hospital D
(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: 1000

(a) State Missouri (b) County _____ 000

(c) City or town St. Louis 213
(If outside city or town limits, write "RURAL")

(d) Street No. 2050 Lafayette Avenue 9
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME (Baby) Terry David Baggett

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white

6. (a) Single (b) Divorced (c) Married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
alive _____ years

7. Birth date of deceased October 22 1941
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 1 | 7 | 7 | hr. min. |

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name James Baggett

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

{ 14. Maiden name Ma Mae Thompson

{ 15. Birthplace Keaton Mo
(City, town, or county) (State or foreign country)

16. (a) Informant James Baggett

(b) Address 2050 Lafayette Avenue

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

(c) Place: burial or cremation B Mt. Hope Cem.

18. (a) Signature of funeral director Charles D. Co.

(b) Address 1722 So. Jefferson Ave

19. (a) JUN 2 1943 (b) J. F. Brubaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1943 hour 3 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from May 28 9 P.M.
1943 to May 29 1943
that I last saw him alive on May 29 2:30 P.M. 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction

Due to Kirschsprung's Disease

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: No operations

Of operations _____

Of autopsy _____

Duration
1 week

FROM BIRTH

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. James S. Dillever D.O.
Address 2247 1/2 So. Grand Date signed May 29

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

50213

50213

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 Harry J. Schum, as he
Licensed Embalmer No. 2679

P. O. Address 732 Kemay Ferry Rd

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.