

FILED JUN 25 1943 818

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 5522

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
Enroute to City Hospital 3
(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 _____

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

(d) Street No. 509 Chestnut Street.,
(If rural, give location)

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

3. (a) PRINT FULL NAME Henry C. Baird

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1943 hour 7 minute 30 P.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown Baird

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

7. Birth date of deceased May 19 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE: 66 Years Months 0 Days 21
If less than one day _____ hr. _____ min.

Immediate cause of death:
Lung Abscess
Bronchial Pneumonia
Hypertrophic Corrhoid
Throat

Due to _____

Due to _____

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

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

10. Usual occupation Transportation clerk

11. Industry or business _____

MOTHER FATHER { 12. Name John F. Baird

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

14. Maiden name Nancy A. Magee

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Herold C. Baird

(b) Address Washington D.C.

17. (a) Burial (b) Date thereof 6/16/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

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? _____

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) JUN 10 1943 (b) J. F. Bredet
(Date received local registrar) (Registrar's signature)

23. Signature Alfred J. Perry (M. D. or other) _____

Address _____ Date signed 6/16/43

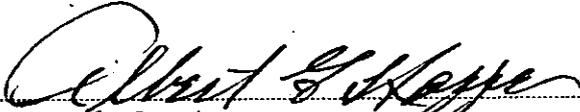
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

060

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..... 

Licensed Embalmer No..... 2971

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.