

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8184  
Registrar's No. 365

FILED FEB 19 1944  
Registration District No. 3747

Primary Registration District No. 3069

96  
8  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis Richmond Heights

(b) City or town 3612 Connecticut Street  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Marys Hospital  
(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: 000

(a) State Missouri (b) County 17

(c) City or town Saint Louis, Missouri 9  
(If outside city or town limits, write "RURAL")

(d) Street No. 3612 Connecticut Street  
(If rural, give location)

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

3. (a) PRINT FULL NAME Emma Baggerman

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John Baggerman 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased July 14th, 1874  
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 26 If less than one day  
hr. min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Leopold Schweitzer

13. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Franz

15. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant John Baggerman

(b) Address 3612 Connecticut Street

17. (a) Burial (b) Date thereof Feb. 14 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Ziegenfuss Bros.

(b) Address 8408 Gravois Ave.

19. (a) FEB 12 1944 (b) E. J. Madarian, M.D.  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10th,  
year 1944 hour 4 minute 50 A. M.

21. I hereby certify that I attended the deceased from Feb 9 1944 to Feb 10 1944  
that I last saw him alive on Feb 9 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Polar Pneumonia 7 days  
Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations None 108

Of autopsy None

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 Rathusella (M. D. or other) ✓

Address 3720 Washington Date signed 1/10/44

JUN 29 1964

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**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: *VE Morris*

Licensed Embalmer No. *3360*

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.**