S. No. 2
0M—2-43
v. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21642

State File No. 6458

FILED AUG 3 1945

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No.

1. PLACE OF DEATH:

(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: Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months 4 Days (Specify whether years, months or days)
In this community 4 Years

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. 4210 Holly Ave. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jennie Baird
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Robert Baird
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 8 (Day) 1860 (Year)
8. AGE: Years 85 Months 4 Days 14 If less than one day hr. min.
9. Birthplace Alton (City, town or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own Home
12. Name James Potts (Father)
13. Birthplace Unknown (City, town, or county) Scotland (State or foreign country)
14. Maiden name Unknown (Mother)
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Robert Edgar Baird
(b) Address 720 Linden Ave. Alton, Ill.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24, 1945 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Alton, Illinois
18. (a) Signature of funeral director Robert H. Streeper
(b) Address 2521 Edwards St. Alton, Ill.
19. (a) JUL 26 1945 (Date received local registrar) (b) J. Medesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1945 hour 2 minute 40 A.M.
21. I hereby certify that I attended the deceased from 2 months to July 22 1945 that I last saw him alive on July 22 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(1) Terminal pneumonia	
(2) Acidosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Severe decubitus	

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? (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 Louis J. Bernard (M. D. or other) MD
Address 415 S. N. Newstead Date signed 7-23-45

(Licensed Embalmer's Statement on Reverse Side)

Bernard

6458

6458

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 Robert H. Streeper

Licensed Embalmer No. 2474

P. O. Address Alton, Ill.

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.