

FILED JUL 23 1945 STANDARD CERTIFICATE OF DEATH

State, File No. 21985

Registration District No. 367

Primary Registration District No. 6076

Registrar's No. 1794

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3509 Eminence Terrace. /
(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 St. Louis 96
(c) City or town Overland 13
(If outside city or town limits, write "RURAL")
(d) Street No. 3509 Eminence Terrace. /
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) ?
If yes, name country _____

3. (a) PRINT FULL NAME Matilda A. Bakewell.

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. Married

6. (b) Name of husband or wife Frank S. Bakewell.
6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased March 18, 1865.
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 25
If less than one day _____ hr. _____ min.

9. Birthplace N. Dakato. /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

MOTHER FATHER { 12. Name Dont know.
13. Birthplace Dont know. 9
(City, town, or county) (State or foreign country)
14. Maiden name Dont know.
15. Birthplace Dont know. 7
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eleanor Rauch.
(b) Address 3509 Eminence Terrace.

17. (a) Burial (b) Date thereof 7-16-1945.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) 7-17-45 (b) E. J. DeGard
(Date before local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th.
year 1945 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from 7-12-45
7-13-45, 19, to _____, 19 _____
that I last saw her alive on 7-12-45
and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris.
Duration 1 Day.

Due to _____ 94b
Due to _____

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

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? _____

(Specify type of place) _____
While at work? _____ (c) Means of injury _____
23. Signature E. J. DeGard (M. D. or other) _____
Address 1927 _____ Date signed 7-23-45

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

76
13
/

Dr. C.G. Drun.
1927a N. Union.
Hours, 3-5 P.M.
Telephone Mulbery 5645

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

Edmund M. Drun

Licensed Embalmer No. *3732*

P. O. Address

St. Louis

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.