

S. No. 2
4-9-43
5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28299**

FILED SEP 13 1945

Registration District No. **310**

Primary Registration District No. **3058**

Registrar's No. **113**

1. PLACE OF DEATH:

(a) County **St. Charles**
(b) City or town **St. Charles**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Joseph's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Laura Baird**

3. (b) If veteran, name was **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 **John T. Baird**
6. (c) Age of husband or wife if alive **---** years
7. Birth date of deceased **July 9, 1869**
(Month) (Day) (Year)

8. AGE: Years **76** Months **0** Days **24**
If less than one day hr. min.

9. Birthplace **St. Charles County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business

MOTHER FATHER { 12. Name **Dave Davis**
13. Birthplace **Hagerstown, Maryland**
(City, town, or county) (State or foreign country)
14. Maiden name **Amanda Best**
15. Birthplace **St. Charles County, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry D. Baird**
(b) Address **St. Louis, MO**
17. (a) **Burial** (b) Date thereof **Aug. 5, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oak Grove Cemetery**

18. (a) Signature of funeral director **Hackman - Bane**
(b) Address **326 N 6th St, St. Charles MO**
19. (a) **Aug 4, 1945** (b) **Emmet S. Paul**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Charles**
(c) City or town **St. Charles**
(If outside city or town limits, write "RURAL")
(d) Street No. **1005 Jefferson Str**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **3**
year **1945** hour **5** minute **20 A.M.**

21. I hereby certify that I attended the deceased from
_____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death **Shock** Duration
Inter Cranial Hemorrhage

Due to **Falling down stairway**

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) **Accident**
(b) Date of occurrence **July 30th, 1945**
(c) Where did injury occur? **St. Charles, Missouri**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home

While at work? **No** (Specify type of place)
(e) Means of injury **Head**

23. Signature **Marion M. Munchey**
Address **1005 Jefferson St, St. Charles MO** Date signed **Aug 7, 1945**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 9-12-45

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.....

Arthur C. Bane

Licensed Embalmer No. 3155

P. O. Address St Charles Mo

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.