

FILED APR 1 1946
Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 723

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10-days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96
(c) City or town Ladue Village 12
(If outside city or town limits, write "RURAL")
(d) Street No. 9610 Ladue Road 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Paul Bakewell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
7. Birth date of deceased Aug. 21, 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 7 4 _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Lawyer

11. Industry or business _____

12. Name Robert A. Bakewell
13. Birthplace England
14. Maiden name Nancy Oudroy Delaureas
15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Paul Bakewell Jr.

(b) Address 9610 Ladue Road

17. (a) Burial (b) Date thereof 3-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
3840 Lindell Blvd.
(b) Address

19. (a) 3/27/46 (b) W. J. Sauran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th.
year 1946 hour 4 minute 15 a.m.

21. I hereby certify that I attended the deceased from June 4, 1945
to March 24, 1946
that I last saw him alive on March 24, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial hypertrophy with failure
Due to Hypertension 3 mths 6.8 yrs
Due to chronic hepatitis 2.4 yrs

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Arvid Kramer (M. D. or other) Arvid Kramer
Address 624 N. Grand Date signed 3-25-46

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

3554

634 N. Howard
1-4
J. G. 5858

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.