

FILED MAR 20 1948

Primary Registration District No.

1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Yvonne Baechle

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female **5. Color or race** White

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

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased October 7 1945
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
	<u>4</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Jacksonville North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Elmer J. Baechle

13. Birthplace Ste. Genevieve Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Pauline Miller

15. Birthplace Kalamazoo Michigan
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer J. Baechle

(b) Address 1023 Fry Ave.

17. (a) Burial Memorial Park Cemetery **(b) Date thereof** 3-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAR 4 1948 **(b) J. J. Bredeek**
(Date received local registrar) (Registrar's signature)

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. 1023 Fry Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1946 hour 6 minute 0 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
Subdural hematoma
Hydro-Cephalus.

Due to _____

Due to Causes and manner of
same could not be determined

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

Major findings:
Of operations 157

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Non Verbal

(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?
Indeterminate

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

23. Signature Patrick E. Taylor **(M.D. or other)** _____
Address By coroner **Date signed** 3/4/46

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..... *W. Wilkinson*

Licensed Embalmer No..... *3575*

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.