. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 23 1947

Registration District No. 377

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 26246

Registrar's No. 1509

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: # 230 No. Forsythe Blvd.,
(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

(c) City or town Clayton,
(If outside city or town limits, write "RURAL")

(d) Street No. # 230 No. Forsythe Blvd.,
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME LAURA LIGHTLY BAUM.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Andrew Given Baum.

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Feb. (Month) 8 (Day) 1859 (Year)

8. AGE:

Years	Months	Days	If less than one day
88	5	3	..... hr. ..... min.

9. Birthplace unknown (City, town, or county) Illinois (State or foreign country)

10. Usual occupation at home

11. Industry or business .....

FATHER
12. Name Jacob Lightly.
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown Royal
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Lloyd M. Baum.
(b) Address 230 No. Forsythe

17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof 7-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.,

19. (a) 7-15-47 (Date received local registrar) (b) Cecil A. J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1947 hour 1 minute 9 M.

21. I hereby certify that I attended the deceased from Aug 1945, 19..., to July, 1947
that I last saw her alive on July 10, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral Regurgitation	4 yrs
Due to: Chr. Myocarditis	—
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause of 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? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other)
Address 610 Metropolitan Date signed 7/11/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. [redacted] Vohs.
508 No. Grand
JE 3687

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 [signature]

Licensed Embalmer No. 4014

P. O. Address [illegible]

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.