No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28824

FILED SEP 2 1947

Registration District No. #67148 318

Primary Registration District No. 1003

Registrar's No. 7920

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Hospital 0
(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 000

(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2533a S. Broadway 9
(If rural, give location)

(e) Citizen of foreign country? 23 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Lola Baughn

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Samuel C. Baughn

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased July 9, 1882 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	1	8	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Albert Talcott
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Ann Cleveland
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dill
(b) Address 2533a S. Broadway

17. (a) Burial (b) Date thereof 8/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director CHULICK UND. CO. INC
(b) Address 1722 S. Jefferson Ave.

19. AUG 21 1947 (Date received local registrar) (b) J. F. Bradack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17th
year 1947 hour 3:55 minute P M.

21. I hereby certify that I attended the deceased from 6/16/47, 19, to 8/17/47, 19;
that I last saw him alive on 8/17/47, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Cerebral arteriosclerosis

Due to 83

Other conditions Psychosis due to arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) 0

While at work? (e) Means of injury

23. Signature C. E. Boyd (M. D. or other)

Address 1515 Lafayette Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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.....Alip A. Chulick Jr.

Licensed Embalmer No.....4143

P. O. Address.....1732 S. Jeff

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.