S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30819
8450

FILED OCT 9 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County
(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. LUKES (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 HOURS (Specify whether years, months or days) In this community 30 YEARS

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. 4228 ARSENAL (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Opal Sophie BAITINGER
3. (b) If veteran, name war
3. (c) Social Security No. 496-20-8990

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FREDERICK C BAITINGER
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased JULY (Month) 25 (Day) 1907 (Year)

8. AGE: Years 41 Months 2 Days 2 If less than one day hr. min.

9. Birthplace JEFFERSON CITY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business
MOTHER FATHER
12. Name ROBERT PETTIS
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name CRIDER
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant REV WALTER QUINN
(b) Address 8420 KOREA DRIVE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/29/48 (Month) (Day) (Year)
(c) Place: burial or cremation FRIEDENS EVANGELICAL
18. (a) Signature of funeral director Bull-Campbell
(b) Address 4215 LINDELL BLVD
19. (a) SEP 29 1948 (Date received local registrar) (b) J. F. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 26 year 1948 hour 8 minute 45 P.M.
21. I hereby certify that I attended the deceased from September 26, 1948 to September 26, 1948 that I last saw her alive on September 26, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Bronchial Pneumonia — 4 days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Rheumatic Heart Disease — 24 yrs.

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 K. F. Glaze (M. D. or other)
Address 3720 Washington Date signed 9-28-48

K.F.GLAZE

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

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 Lex E. Campbell

Licensed Embalmer No. 3881

P. O. Address St Louis, 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.