

Registration District No. **318**

Primary Registration District No. **1003**

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

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:
4456 Oakland Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 58 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oag
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 4456 Oakland Avenue
(If rural, give location) 9
(e) Citizen of foreign country? NO (Yes or No) 3
If yes, name country _____

3. (a) PRINT FULL NAME EFFIE BAIRD

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced W ?
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased May 23, 1872
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 6 If less than one day
hr. _____ min. _____

9. Birthplace Smithville, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business At Home

12. Name Martin Childers

13. Birthplace Smithville, Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Potter

15. Birthplace Smithville, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie Math

(b) Address 4456 Oakland Avenue

17. (a) burial (b) Date thereof 11-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A.W. McLaughlin
2301 Lafayette Avenue

(b) Address NOV 3 1948

19. (a) _____ (b) J.B. Laster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th
year 1948 hour 11:20 minute _____ P. M.
21. I hereby certify that I attended the deceased from August
13, 1948 to 10-29, 1948
that I last saw her alive on 10-29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death acute
Cerebrovascular collapse
Due to chronic myocarditis 5 yrs
Due to chronic arteriosclerosis 5 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 [Signature] (M. D. or other) M.D.
Address 4501 E. Manchester Date signed 11-1-48

me

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.....

P R Cooper

Licensed Embalmer No. *3633*

P. O. Address. *2301 Lafayette*

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.