

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36-40815**

FILED DEC 20 1948

Registration District No. **7780**

Primary Registration District No. **7780**

Registrar's No. **214**

1. PLACE OF DEATH:

(a) County **Miller**
(b) City or town **St. Elizabeth, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community **73 years**
years, months or days)

3. (a) PRINT FULL NAME **CATHERINE MARY BAX**

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

4. Sex **Female** race **White**
5. Color or **White**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Frank M. Bax**
6. (c) Age of husband or wife if alive **75** years
7. Birth date of deceased **April 3 1875**
(Month) (Day) (Year)

8. AGE: Years **73** Months **8** Days **4**
If less than one day hr. min.

9. Birthplace **Nestor, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Simon Granger**

13. Birthplace **Geranony**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Balkenbach**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Chris Bax**

(b) Address **St. Elizabeth, Missouri**

17. (a) **Burial** (b) Date thereof **Dec 9 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Laurence Cemetery**

18. (a) Signature of funeral director **H. H. Strop**
(b) Address **Meta, Mo.**

19. (a) **12-7-1948** (b) **John B. Scherick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Miller**
(c) City or town **St. Elizabeth**
(If outside city or town limits, write "RURAL")
(d) Street No. **---** (If rural, give location)
(e) Citizen of foreign country? **---** (Yes or No)
If yes, name country **---**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **7**
year **1948** hour **4** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Oct 1942**
Dec 1948 to **Dec 7 1948**
that I last saw her alive on **Dec 7 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **3 days**
Carcinoma of descend
ing colon **8 mo**
Due to **Chronic Nephritis**
Chronic arthritis

Due to **---**
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 **Harry J. Seaberg** (M. D. or other) **---**
Address **Meta, Mo.** Date signed **12-7-48**

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

RECEIVED
Director Health Officer No. 9,
District File Number
Date Filed 8-11-71

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 H. H. Strop
Licensed Embalmer No. 2924
P. O. Address Meta 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.