

FILED FEB 23 1949

STANDARD CERTIFICATE OF DEATH

State File No. 5941

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1106

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 4 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If rural, give location) 2805 Maurer Avenue	

3. NAME OF DECEASED (Type or Print) William	a. (First)	b. (Middle) J.	c. (Last) Baxter	4. DATE OF DEATH (Month) (Day) (Year) Feb. 3 1949
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 19, 1891	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer, Electrician	10b. KIND OF BUSINESS OR INDUSTRY Union Electric	11. BIRTHPLACE (State or foreign country) St. Charles, Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME William Baxter	13b. MOTHER'S MAIDEN NAME Anna Buschmeier	14. NAME OF HUSBAND OR WIFE Anna Baxter
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. 481-03-2140	17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Baxter, 2805 Maurer Ave.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		940 4001	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-31, 1949, to 2-3, 1949, that I last saw the deceased alive on 2-3, 1949, and that death occurred at 2:40 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edwin P. Meiner M.D., U	23b. ADDRESS 6651 Ewing St. Ave.	23c. DATE SIGNED 2-4-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Feb. 5, 1949	24c. NAME OF CEMETERY OR CREMATORY St. Peters	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. FEB 5 1949	REGISTRAR'S SIGNATURE J. B. Jasata	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander Sons Inc., 6175 Delmar Blvd.
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DR. MEINERS
6651 ENLIGHT -

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Joe. E. McCulloch
Licensed Embalmer No. 2460
P. O. Address E. 175th - C. 2210

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.