

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

20754

State File No.

No. 300
10-48

FILED JUL 15 1949

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5817**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis /		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 17 a	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2659 B Gravois Ave.		d. STREET ADDRESS (If rural, give location) 2659 B Gravois Ave. d	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) E.	c. (Last) Baughman	4. DATE OF DEATH (Month) (Day) (Year) July 5, 1949
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5. SEX Female /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Nov. 26, 1869	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 7	IF UNDER 12 HRS. Days 9	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Brownstown, Ill. /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Philip Baughman	13b. MOTHER'S MAIDEN NAME Sally Logue	14. NAME OF HUSBAND OR WIFE Louis
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elnora Barbeau 2659B Gravois Ave.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION. Chronic Hypertension Chronic Dehydration Arteriosclerosis Hypertension	INTERVAL BETWEEN ONSET AND DEATH
	*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				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 102
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4th 3X
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22. I hereby certify that I attended the deceased from **2/24** 19 **49** to **7/5** 19 **49**, that I last saw the deceased alive on **7/4** 19 **49** and that death occurred at **12:45A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.C. Hauser MD	23b. ADDRESS 3012 Lafayette	23c. DATE SIGNED 7/5/49
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24a. BURIAL, CREMATION REMOVAL (Specify) Removal	24b. DATE 7/6/49	24c. NAME OF CEMETERY OR CREMATORY Brush, Colorado	24d. LOCATION (City, town, or county) (State) Brush, Colorado
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DATE REC'D BY LOCAL REG. III 5 1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons and Co. 2630 Gravois Ave.
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Robert F. Gebken

Signed.....
Student Embalmer

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.