

FILED DEC 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43147**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3064 Registrar's No. 2914

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

1. PLACE OF DEATH a. COUNTY <b>Saint Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ferguson</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ferguson</b>	
c. LENGTH OF STAY (in this place) <b>2 Hours</b>		d. STREET ADDRESS (If rural, give location) <b>342 South Dade Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>623A Graf Avenue</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b> b. (Middle) _____ c. (Last) <b>Baugh</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>December 2nd, 1950</b>		
---	--	--	--	--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 19th, 1899</b>	9. AGE (In years last birthday) <b>51</b> Months <b>5</b> Days <b>13</b> Hours _____ Min. _____	
--------------------	-------------------------------	---	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Boilermaker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Titanium Pigment Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Saint Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	---	--	---

13a. FATHER'S NAME <b>Edward Baugh</b>	13b. MOTHER'S MAIDEN NAME <b>Lil Boggs</b>	14. NAME OF HUSBAND OR WIFE <b>Charlotte F. Baugh nee Collins</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	(If yes, give war or dates of service) <b>None</b>	16. SOCIAL SECURITY NO. <b>499-12-9508</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Charlotte Baugh</b>	ADDRESS <b>342 S. Dade Ave., Ferguson Mo</b>
---	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cause unknown</b>		DUE TO (b) _____		<b>unk</b>
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				

19a. DATE OF OPERATION <b>1/1</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------------------------------	----------------------------------	---

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8:30 P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Herbert R. Donke</b> (Degree or title)	23b. ADDRESS <b>651 Brentwood Blvd. Clayton, Mo.</b>	23c. DATE SIGNED <b>12-4-50</b>
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/5/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <b>12/4/50</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walvin F. Feutz</b>	ADDRESS <b>4828 Natural Bridge Blvd.</b>
---	--	---	--

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Ralph C. Linders

Licensed Embalmer No. 4275

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.