

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39942**
Registrar's No. **10614**

FILED DEC 12 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10614**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. John	
c. LENGTH OF STAY (In this place) 15 days		d. STREET ADDRESS (If rural, give location) 3536-Gordon Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Bettie b. (Middle) Belmont c. (Last) Baird			4. DATE OF DEATH (Month) (Day) (Year) Nov. 17, 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 7, 1861
9. AGE (In years last birthday) 90		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retires Housewife	11. BIRTHPLACE (State or foreign country) St. Charles, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retires Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Peter Fulkerson		13b. MOTHER'S MAIDEN NAME Martha Montague	14. NAME OF HUSBAND OR WIFE William B. Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ethel Allen ADDRESS 3536-Gordon Av-St. John-21-Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Chc. Myocarditis		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chc. Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arterio-sclerosis		DUE TO (b) Arterio-sclerosis	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture left hip	
19a. DATE OF OPERATION Nov 3, 1952		19b. MAJOR FINDINGS OF OPERATION Fr. left hip	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis St. Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 1 1952 11 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Fell in her room		21g. missed chair when sitting down	
22. I hereby certify that I attended the deceased from Oct 30, 1952 , to Nov 17, 1952 , that I last saw the deceased alive on Nov 17, 1952 , and that death occurred at 12:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE M. A. Bucher (Degree or title) M.D.		23b. ADDRESS 8924 St. Charles Rd St. Louis Mo	
23c. DATE SIGNED 11/18/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-20-1952	
24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens		24d. LOCATION (City, town, or county) (State) Wellston, Mo.	
DATE REC'D BY LOCAL REG. NOV 18 1952		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Baumgardner Ben Luc. ADDRESS 2504-Woodson Rd-Overland-14-Mo.			

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.