

## THE DIVISION OF HEALTH OF MISSOURI

11216

## STANDARD CERTIFICATE OF DEATH

State File No. ....

3045

FILED APR 4 1953

318

1003

BIRTH NO. ....

REG. DIST. NO. ....

PRIMARY REG. DIST. NO. ....

Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST. CLAIR</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>EAST ST. LOUIS 8120</u>		d. STREET ADDRESS (If rural, give location) <u>665 N 62<sup>nd</sup> 8</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ANTHONY</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>BAXTER.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 20 1953</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 6. 1887</u>		9. AGE (In years last birthday) <u>66</u> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OWN HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>PENNSYLVANIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>PATRICK MORGAN</u>		13b. MOTHER'S MAIDEN NAME <u>ANN CALLAN</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES BAXTER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Baxter 665 N 62<sup>nd</sup></u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>none</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>St. Louis Ill. (STATE)</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4201</u>			
22. I hereby certify that I attended the deceased from <u>1950</u> , 19 <u>50</u> , to <u>March 19, 1953</u> , that I last saw the deceased alive on <u>3-19</u> , 19 <u>53</u> , and that death occurred at <u>2<sup>nd</sup> m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>S. H. Wagner</u>			(Degree or title) <u>0</u>	23b. ADDRESS <u>501 E. 12th St. St. Louis</u>	23c. DATE SIGNED <u>3-20-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>3-23-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. CARMEL</u>		24d. LOCATION (City, town, or county) (State) <u>Belleville Ill.</u>	
DATE REC'D BY LOCAL REG. <u>MAR 20 1953</u>	REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Nell Walden Barnes East St. Louis</u>		

(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..... *Philip Ogden* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *7091* .....

P. O. Address *East St Louis, Ill* .....

**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.