

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10438

State File No. \_\_\_\_\_

FILED APR 4 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 577

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>                                     |  |
| c. LENGTH OF STAY (In this place) <u>Life</u>   |  | d. STREET ADDRESS (If rural, give location) <u>6343 Waterman Ave.</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6343 Waterman Ave.</u>                                   |  | e. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 7-1955</u>   |  |

|  |                            |   |  |  |   |
|--|----------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or Print)  |                            |   | 4. DATE OF DEATH   |  |   |
| a. (First) <u>CATHERINE</u>  | b. (Middle) <u>FRANCES</u> | c. (Last) <u>BAIRD</u>  | MARCH 7-1955   |  |   |
| 5. SEX <u>F.</u>   | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Oct 23 1859</u>                                      |  | 9. AGE (In years last birthday) <u>95</u> |
| 10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) <u>Housewife-at Home</u> |                            | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>                      | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Nicholas Yellitch</u>                                 |  | 13b. MOTHER'S MAIDEN NAME <u>Anno Elizabeth Mankin</u> |  | 14. NAME OF HUSBAND OR WIFE <u>John R. Baird</u>                                     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> |  | 16. SOCIAL SECURITY NO. <u>none</u>                    |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. C.F. Peper, 6343 Waterman Ave.</u> |  |

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>10 years</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis</u>  |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>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 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) <u>4500</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? _____   |

22. I hereby certify that I attended the deceased from January 1946 to present, 1955, that I last saw the deceased alive on 3-6, 1955, and that death occurred at 1:20 P.M., from the causes and on the date stated above.

|  |  |                                |
|--|--|--------------------------------|
| 23a. SIGNATURE <u>Robert C. Hengstland</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>31 North Brentwood Clayton 5, MO</u> | 23c. DATE SIGNED <u>3-7-55</u> |
|--|--|--------------------------------|

|  |                                |  |   |
|--|--------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>March 9, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> |
|--|--------------------------------|--|---|

|  |   |   |                                 |
|--|---|---|---------------------------------|
| DATE REC'D BY LOCAL REG. <u>3/8/55</u> | REGISTRAR'S SIGNATURE <u>Heather R. Romberg</u> | FUNERAL DIRECTOR'S SIGNATURE <u>J. Donnelly</u> | ADDRESS <u>3840 Lenox Blvd.</u> |
|--|---|---|---------------------------------|

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 [Handwritten Signature]

Licensed Embalmer No. 4699

P. O. Address 3840 Lindell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.