

FILED APR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10395**
Registrar's No. **2914**

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1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 8 Days		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hosp.				e. STREET ADDRESS (If rural, give location) 2211 Miami St.			
3. NAME OF DECEASED (Type or Print) a. (First) Clarence		b. (Middle) David		c. (Last) Baisch		4. DATE OF DEATH (Month) (Day) (Year) Mar. 21, 1956	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 3, 1889	
9. AGE (In years last birthday) 56		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) Mach. Oper.		10b. KIND OF BUSINESS OR INDUSTRY Shoe Machine Co		11. BIRTHPLACE (City and State or Foreign Country) Palisade, Colorado		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Baisch			13b. MOTHER'S MAIDEN NAME Minnie Ort			14. NAME OF HUSBAND OR WIFE Matilda Baisch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 499-03-6605		17. INFORMANT'S SIGNATURE OR NAME Fred Baisch ADDRESS De Soto, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric Thrombosis INTERVAL BETWEEN ONSET AND DEATH 9 days ANTECEDENT CAUSES DUE TO (b) Auricular Fibrillation DUE TO (c) Acute Aneurysm II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, Uremia			
19a. DATE OF OPERATION 3-15-56		19b. MAJOR FINDINGS OF OPERATION Mesenteric Thrombosis 570.2				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) _____			
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 3-15, 1956 , to 3-21, 1956 that I last saw the deceased alive on 3-21, 1956 and that death occurred at 4:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Wm. F. Gibbons (Degree or title) M.D.				23b. ADDRESS 1325 So. Grand, St. Louis Mo		23c. DATE SIGNED 3-21-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/24/56		24c. NAME OF CEMETERY OR CREMATORY Oakland		24d. LOCATION (City, town, or county) (State) Jefferson County, Mo.	
DATE REC'D BY LOCAL REG. MAR 22 1956		REGISTRAR'S SIGNATURE J. Lee Mothershead		25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mothershead ADDRESS DeSoto, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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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..

Student.....
Signature of Student Embalmer

Signed *Andrew H. Engla*
.....

Licensed Embalmer No. *4*

P. O. Address *Ule Sate*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.