

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 20 1956

24823

STATE FILE NUMBER 6206

Registration District No. **318** Primary Registration District No. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2714 1/2 Caroline			Length of stay in lb		d. STREET (If outside, give location) ADDRESS 2714 1/2 Caroline		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First O'Connell Middle J Last Baxter				4. DATE OF DEATH Month July Day 1 Year 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sep 13 1910		9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver			10b. KIND OF BUSINESS OR INDUSTRY Berbrichs Delivery		11. BIRTHPLACE (City and state or country) Grand Tower Ill		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Percy L Baxter				14. MOTHER'S MAIDEN NAME Flora O'Connell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW # 2			16. SOCIAL SECURITY NO. 488 05 6839		17. INFORMANT Address Preston Baxter 5210 Potomac		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocardial Chronic Hypertension DUE TO (b) Thrombotic Phlebitis of Leg DUE TO (c) July 1955 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I							INTERVAL BETWEEN ONSET AND DEATH 3 WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4222				
20c. TIME OF INJURY Hour a. m. p. m. 442							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from June 29 56 to June 30 1956 her alive on June 29 56 Death occurred at July 1 56 in on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE (Degree or title) H. J. Moore M.D.				22b. ADDRESS 917-5018		22c. DATE SIGNED July 28	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 3 56	23c. NAME OF CEMETERY OR CREMATORY Walker Hill		23d. LOCATION (City, town, or county) (State) Grand Tower Ill.		
24. FUNERAL DIRECTOR ADDRESS E. J. Schnur 3125 Lafayette			25. DATE RECD. BY LOCAL REG. JUL 2 1956		26. REGISTRAR'S SIGNATURE J. Carl Smith M.D. S.P.		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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2520 / 0/1/2

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 *Thomas R. Fenwick*

Licensed Embalmer No. 379

P. O. Address 3125 Lafayette

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.