

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25475

State File No.

FILED AUG 1 - 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 1733

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland		c. LENGTH OF STAY (In this place) 25 yrs	c. CITY OR TOWN Overland <i>4367</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION: 9019 Lackland		e. STREET ADDRESS (If rural, give location) 9019 Lackland	

3. NAME OF DECEASED (Type or Print) a. (First) Rose b. (Middle) Baugh c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) July 16 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 5 1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Ulyssus Nebr	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles Shartzberg	13b. MOTHER'S MAIDEN NAME Eliza Jane	14. NAME OF HUSBAND OR WIFE Floyd N Baugh
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Floyd N Baugh	ADDRESS 9019 Lackland
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Immediate
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Systemic vascular disease DUE TO (c) Hemiplegic foot 12 yrs		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	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 Aug 9, 1953, to July 17, 1956, that I last saw the deceased alive on Aug 9, 1956, and that death occurred at 9:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE Fred C. Gault, M.D. (Degree or title)	23b. ADDRESS 2305 Brown Rd St. Louis	23c. DATE SIGNED July 17, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7/17 56	24c. NAME OF CEMETERY OR CREMATORY Meeker Okla	24d. LOCATION (City, town, or county) (State) Chandler Okla
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DATE REC'D BY LOCAL REG. 7-17-56	REGISTRAR'S SIGNATURE Richard R. Romberg	25. FUNERAL DIRECTOR'S SIGNATURE Ortmann F Home	ADDRESS 9222 Lackland Overland Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

4-000 X

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 *Al C. Ostmann*.....

Licensed Embalmer No. *3478*.....

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.