

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018924

STATE FILE NUMBER
2-5188
REGISTRAR'S NUMBER

FILED JUN 11 1959

Registration District No. Primary Registration District 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 (If outside corporate limits, give TOWNSHIP only) OR St. Louis		c. CITY OR St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hosp.		d. STREET ADDRESS 2714 1/2 Caroline	
Length of stay in lb 2 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Flora Middle Last Baxter			4. DATE OF DEATH Month 5 Day 29 Year 59
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 12 1876
9. AGE (In years last birthday) 82		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Mo. Oak Ridge
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Michael O'Connell	
13b. MOTHER'S MAIDEN NAME Mary -- Harter		14. NAME OF HUSBAND OR WIFE Percy L. Baxter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Preston Baxter		Address 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) Bronchopneumonia DUE TO (b) Fracture of left hip DUE TO (c) 904.745 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 3 days.
20a. ACCIDENT <input checked="" 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.) Found on floor of bath-room, Din. 23,		
20c. TIME OF INJURY 3:05 p.m. 3/21/59	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St. Louis Chronic Hospital.		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY Mo.
21. I attended the deceased from 6-18-57 to 5-29-59 and last saw her alive on 5-29-59 Death occurred at 4:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John W. Beckham, M.D.		22b. ADDRESS 5800 Arsenal	
22c. DATE SIGNED 5/30/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June 1 59	23c. NAME OF CEMETERY OR CREMATORY Walker Hill	23d. LOCATION (City, town, or county) (State) Grand Tower Ill.
24. FUNERAL DIRECTOR E. J. Schnur		ADDRESS 3125 Lafayette	
25. DATE RECD. BY LOCAL REG. JUN 1 '59		26. REGISTRAR'S SIGNATURE W. Earl Smith, M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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. Renwick*

Licensed Embalmer No. *3793*
P. O. Address *3125 Lafayette*

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.