

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031063

FILED SEP 8 1959 317

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2322 STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY St. Louis,		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Affton, Mo.		a. STATE Mo.,		b. COUNTY ST LOUIS		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 7633 General Sheridan		Length of stay in 1b 1 day		c. CITY OR TOWN Gardenville,		Inside limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 4841 Heidelberg		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year		
First EDNA			Middle MAE			Last BAISCH		
5. SEX Female			6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-2-1895	
9. AGE (last birthday) 64		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR 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) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Henry Hummert			13b. MOTHER'S MAIDEN NAME Caroline Wendemuth			14. NAME OF HUSBAND OR WIFE Late Oscar Baisch		
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. 488-12-2611A		17. INFORMANT Address Sheridan Mrs. Sam Mandell-7633 General			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Carcinoma of the Breast</u>							3 yrs.	
DUE TO (b)								
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. 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.)				
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year						
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 Death occurred at		10-3-58 to 8-27-59 9:20 P.		and last saw her alive on 8-27-59				
22a. SIGNATURE <u>Paul Murphy M.D.</u>		(Degree or title)		22b. ADDRESS 508 N Grand		22c. DATE SIGNED 8-28-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 31, 1959		23c. NAME OF CEMETERY OR CREMATORY New St Marcus		23d. LOCATION (City, town, or county) St. Louis County, Mo.		
24. FUNERAL DIRECTOR Kriegshauser-4228 S. Kingshighway		ADDRESS		25. DATE RECD. BY LOCAL REG. 8-28-59		26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 William B White

Licensed Embalmer No. 4291

P. O. Address 4228 40th Ave

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.