URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 2 9 1960

-60-024295

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5508

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 2 Wks.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Luthern Hospital — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Country Club Hills — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 5654 Gatesworth Dr. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Anna Middle: L. Last: Bakersmith
4. DATE OF DEATH: Month 5 Day 25 Year 60
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-13-83
9. AGE (last birthday): 77 — 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): Buyer
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Business
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Henry Bakersmith
13b. MOTHER'S MAIDEN NAME: Margaret Brunet
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 489-03-0760
17. INFORMANT: Jos. L. Paterson Address: 329 Floridale Dr.

MEDICAL CERTIFICATION

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)	Myocardial Infarction	12 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	years
DUE TO (c)	Arteriosclerosis, generalized	years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): chronic brain syndrome due to C.H.S.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): 420.0
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 5-10-60, to 5-25-60 and last saw her/him alive on 5-25-60
Death occurred at 3:59 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Geo. A. Seib MD
22b. ADDRESS: 2323 Lafayette Blvd.
22c. DATE SIGNED: 5/27/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 5-28-60
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery
23d. LOCATION (City, town, or county) (State): Normandy, Missouri

24. FUNERAL DIRECTOR: White-Mullen ADDRESS: 118 N. Florissant Rd. Ferg.
25. DATE RECD. BY LOCAL REG.: MAY 27 1960
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D. MIC

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Reinhold K. Lohm

Licensed Embalmer No. 339

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.