

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031833
STATE FILE NUMBER

FILED VS. SEP 6 1960
Registration District No. 318

1003
Primary Registration District No.

8516
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		Length of stay in 1b 55 yrs	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4525 Nebraska Avenue
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First LYDIA Middle CAROLINE Last BAKEMEIER			4. DATE OF DEATH Month August Day 28, Year 1960		
5. SEX female	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 3/31/1905	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) seamstress		10b. KIND OF BUSINESS OR INDUSTRY Interior Decorators	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME August Bakemeier		13b. MOTHER'S MAIDEN NAME Henrietta Schneider		14. NAME OF HUSBAND OR WIFE -----	

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. 494-03-2916	17. INFORMANT Edward Bakemeier, 4525 Nebraska Avenue	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>metastatic carcinoma</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i> <i>2 years</i>
DUE TO (b) <i>carcinoma of breast</i>			
DUE TO (c) <i>170x</i>			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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.) <i>June 1958 Aug 1960</i>	20f. CITY, TOWN, OR LOCATION St. Louis, Missouri	20g. STATE
21. I attended the deceased from <i>June 1958</i> to <i>Aug 1960</i> and last saw her alive on <i>Aug 27, 1960</i> Death occurred at <i>4:35 A.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>Martin W. Davis, M.D.</i>	(Degree or title)	22b. ADDRESS <i>539 N. Grand Ave</i>	22c. DATE SIGNED <i>8/29/60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Aug. 31, 1960	23c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery	23d. LOCATION (City, town, or county) St. Louis, Missouri	(State)
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24. FUNERAL DIRECTOR BEIDERWIE DEN F.H. INC., 1936 St. Louis Ave	ADDRESS	25. DATE RECD. BY LOCAL REG. AUG 30 1960	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Rev. Viratini W. Davis
11-3 pm Monday
11-3 & 4-6 Tues.

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 Homer W. Davis

Licensed Embalmer No. 388

P. O. Address St. Louis

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.