

FEB 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

258
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Missouri** (d) Street No. **BARNES HOSPITAL** Registered No. **114**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **John Robert Baugh 200**

(a) Residence, No. **#16 Granada Way, St. Louis 8, Mo. St.** (Usual place of abode, if no street address, write county or city) **NR** **Radue Village, Mo.** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|--|--|---|-----------|--|
| 3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara B. Baugh | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1879-11-19 | | | | |
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | 58 | 1 | 14 | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sales Manager | | | |
| | 9. Industry or business in which work was done, as saw mill, bank, etc. International Shoe | | | |
| | 10. Date deceased last worked at this occupation (month and year) Co. II. Total time (years) spent in this occupation..... | | | |
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Mo. | | | |
| | 13. NAME Johnathon Baugh, | | | |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Mo. | | | |
| | 15. MAIDEN NAME Martha ? | | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Mo. | | | | |
| 17. INFORMANT Robert L. Jordan, (ADDRESS) 950 McKnight Road | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton, Mo. DATE 1/5/38 19.. | | | | |
| 19. FUNERAL DIRECTOR Robert J. Ambruster, (ADDRESS) Clayton "d. at Concordia Lane | | | | |
| 20. FILED J. P. Bradeck Local Registrar. | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/3/38** 19..

22. I HEREBY CERTIFY, That I attended deceased from **1-3**, 19**38**, to **1-3**, 19**38**
I last saw him alive on **1-3-38**, 19.. Death is said to have occurred on the date stated above, at **3:35 p.m.**
The principal cause of death and related causes of importance were as follows:
Coronary Occlusion Date of onset **1-2-38**

Other contributory causes of importance: **None**

Name of operation **None** Date of
What test confirmed diagnosis? **None** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) **F. R. Bradley**, M. D.
(Address) **BARNES HOSPITAL**

DEPARTMENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Robert J. Ambruster, Licensed Embalmer No. 1994

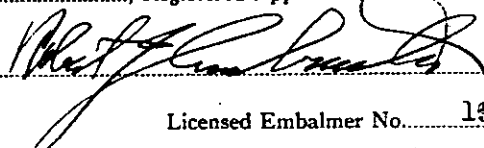
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed



Licensed Embalmer No. 1994

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.)