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

Do not use this space.

13303

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. 5808 Westminster St. ..... Ward)

File No. .....

Registered No. 5620

2. FULL NAME Margaret Baird

(a) Residence. No. 5808 Westminster St., 5 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles G. Baird

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17th 1840

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87	—	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Pa

PARENTS

10. NAME OF FATHER John Humes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER Anna Lowery

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not known

14. INFORMANT Sibbie Baird
(Address) 5808 Westminster

15. FILED APR 1927 19 May C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 13 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1926, to April 13, 1927 that I last saw her alive on April 15, 1927, and that death occurred, on the date stated above, at 5:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cardiac dilatation
131
9 [illegible]
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis
(duration) yrs. 6 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1 [illegible]

0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) H R Hall, M. D

Apl 15, 1927 (Address) 5894 Cates Av

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Cem

DATE OF BURIAL Apr 15 1927

20. UNDERTAKER Fred M Williams

ADDRESS 4561 Delmar

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.

[illegible] WITH UNFADING INK---THIS IS A PERMANENT RECORD

Dr. Hall