

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

Do not use this space.

35776

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1003
 City St Louis Mo. (No. 37.37. LaSalle St) St. Ward)

File No. 10281
 Registered No.
 St. Ward)

2. FULL NAME

Sarah Baird
 (a) Residence, No. 3737 LaSalle St., 18 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-13-1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 10 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Aug 1931 11. Total time (years) spent in this occupation. 40yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME James Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

MOTHER 15. MAIDEN NAME Rachel Lawrence

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

17. INFORMANT (ADDRESS) Mrs Helen Helms 3737 LaSalle St

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus Cem DATE October 6, 1931

19. UNDERTAKER (ADDRESS) E. J. Schurz 312 1/2 W. AFAYETTE AV.

20. FILED ST - 6 1931 Registrar Max Chaney

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1931, to Oct 4, 1931.
 I last saw him alive on Oct 3, 1931. Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

Cancer of Stomach
46B
 Other contributory causes of importance: none
 Date of onset

Name of operation none Date of
 What test confirmed diagnosis? - Was there an autopsy? -

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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? no
 If so, specify Otto C. Hansen M. D.
 (Signed) Otto C. Hansen
 (Address) 3156 Park ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT 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.

MARG. RESERVED FOR BINDING

V. S. NO. 2.

