

REC'D MAY 10 1938

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

12620
Do not use this space.
3224

1. PLACE OF DEATH
(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis** (d) Street No. **BARNES HOSPITAL** Registered No.
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **VETTA BAGGERMAN 265**
(a) Residence, No. **6448 GRAND AVE** St. **2** (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 27, 1876**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 0 186

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **School teacher**
9. Industry or business in which work was done, as saw mill, bank, etc. **Retired**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Madison County Ill**

13. NAME **John Baggerman**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Holland**

15. MAIDEN NAME **Nellie Hoeksta**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Holland**

17. INFORMANT **William J. Baggerman** (ADDRESS) **731 Radcliffe Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Grove Cem.** DATE **Apr. 6, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Charles A. Jones Home 4411 Washington Be**

20. FILED **APR 5 1938** **J. B. Bredbeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-3-1938**

22. I HEREBY CERTIFY, That I attended deceased from **4-3-1938**, to **4-3-1938**, 19**38**

I last saw her alive on **4-3-1938**, 19**38**. Death is said

to have occurred on the date stated above, at **3:50 p.m.**

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

Cerebral Vasculon accident Rt. occipital lobe Date of onset **4-3-38**

Etiology: "

Other contributory causes of importance: **gout**

Name of operation **none** Date of
What test confirmed diagnosis? **examined** Was there an autopsy? **yes**

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 **Charles A. Jones**, M. D.

(Signed) **Charles A. Jones**, M. D.
(Address) **BARNES HOSPITAL**

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, Elton R.H. Remelius, Licensed Embalmer No. 3154

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Elton R.H. Remelius

Licensed Embalmer No. 3154

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.)