

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.

Join

REC'D AUG 12 1938

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

23747
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, Mo.** (d) Street No. **St. Louis Maternity Hospital** St. (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 **Baird, Infant** **620**
 (a) Residence, No. **3733 Maffitt Avenue** St. **11** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **600 Per**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 10, 1938**

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) **St. Louis, Mo.**

13. NAME **Baird, Percy Pyburn**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Memphis, Tenn.**

15. MAIDEN NAME **Friend, Dorothy Natalie**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hoxie, Arkansas**

17. INFORMANT (ADDRESS) **Percy P. Baird**
3733 Maffitt

18. BURIAL, CREMATION, OR REMOVAL PLACE **Dash. Univ.** DATE **7-19-38**

19. FUNERAL DIRECTOR (ADDRESS) **Dept. of Pathology**
Wash. Univ.

20. FILED **JUL 19 1938** **J. F. Bredbeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-10**, 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **July 10**, 19**38**, to **July 10**, 19**38**
 I last saw him **alive on** **July 10**, 19**38** Death is said to have occurred on the date stated above, at **6:00 p.m.**
 The principal cause of death and related causes of importance were as follows:
(miscarriage)
Prematurity - 26 wks.
Cerebrophalic monster.

Other contributory causes of importance:

Name of operation..... 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?..... 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.....
 (Signed) **A. B. Bostwick**, M. D.
 (Address) **6308 Kingshighway**

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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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.

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.)