

JAN 12 1939

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

41452  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1003  
 (b) Township 1 Primary Registration District No. 10575  
 (c) City St. Louis (d) Street No. Mo. Baptist Hosp. St. 10575  
 (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

(a) Residence, No. 414 So. 2nd Street St. Mo.  
 (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) MARRIED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oliver L. Baur  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1920  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
19 9 1  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home wife  
 9. Industry or business in which work was done, as saw mill, bank, etc. Home wife  
 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.

FATHER 13. NAME John Pappier  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lone Dell, Mo.

MOTHER 15. MAIDEN NAME Fay Bridwell  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Mo.

17. INFORMANT (ADDRESS) Oliver L. Baur

18. BURIAL, CREMATION, OR REMOVAL PLACE De Soto, Mo. DATE Dec. 9, 1939

19. FUNERAL DIRECTOR (ADDRESS) De Soto, Mo.

DEC 11 1939 Local Registrar J. B. Budick

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec., 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1939, to Dec 7, 1939

I last saw her alive on Dec 7, 1939. Death is said to have occurred on the date stated above, at 1:25 PM

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

Sepsis - Purpura  
 (This condition developed at her home in De Soto, Mo)  
 Condition developed before death

Other contributory causes of importance: Pregnancy

Name of operation None Date of None  
 What test confirmed diagnosis? FT Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None 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 None  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dr. L. D. Dornett M. D.  
 (Address) 634 N. Grand St.

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.

10575

10575

---

---

**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.)**