

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

23717
6162AUG 25 1940
Registration District No. 13791

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
BARNES HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 months
 (Specify whether

In this community _____
years, months or days)3. (a) PRINT FULL NAME William B. Baggerman3. (b) If veteran, name war none 3. (c) Social Security No. none4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased Feb 3 1869
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
71 5 18 hr. min.9. Birthplace Netherlands Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Wholesale fruit & produce

11. Industry or business _____

12. Name Garret Baggerman13. Birthplace Netherlands
(City, town, or county) (State or foreign country)14. Maiden name Anna De Kaiser15. Birthplace Netherlands
(City, town, or county) (State or foreign country)16. (a) Informant's own signature John Baggerman(b) Address 3612 Connecticut St.17. (a) Burial (b) Date thereof July 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Valhalla Cem.18. (a) Signature of funeral director A. Rosen & Co.(b) Address 2707 N. Grand Blvd.19. (a) Jul 22 1940 (Date received local registration)
J. F. Bredenk (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. Hotel McKinley, 12th & Delmar
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 21
year 1940 hour 11 minute 15 p.m.21. I hereby certify that I attended the deceased from
4 - 8 - 1940 to 7 - 21 - 1940;
that I last saw him alive on 7 - 21 - 1940
and that death occurred on the date and hour stated above.Immediate cause of death Bronchopneumonia Duration _____

Due to _____

Due to _____

Other conditions Arteriosclerotic Heart Disease
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(e) Means of injury _____23. Signature O. N. Andersen (M. D. or other) _____Address BARNES HOSPITAL Date signed 7-22-40

(A. F. 11)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Paul F. Knollenberg

Licensed Embalmer No. *2631*

P. O. Address *1707 N. Grand*

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.)

If this body is not embalmed, above space should be left blank.