S. No. 2
I—4-13-40
v. 5-17-39
I X23

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12007

MAR 9 1941

Registration District No. 784 Primary Registration District No. 108 Registrar's No. 534

96
5
3

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Maplewood Nursing Home 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Maplewood (If outside city or town limits, write "RURAL") 5

(d) Street No. 2200 Bredel (If rural, give location) 3

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Laura Baird

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Chas. E.

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Dec. (Month) 21 (Day) 1881 (Year)

8. AGE: Years 59 Months 2 Days 15 If less than one day hr. min.

9. Birthplace Sample (City, town, or county) Kentucky (State or foreign country) 1

10. Usual occupation Nurse

11. Industry or business Maplewood Nursing Home

FATHER
12. Name John F. McCoy
13. Birthplace (City, town, or county) Kentucky (State or foreign country) 1

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Kentucky (State or foreign country) 1

16. (a) Informant Robert Baird

(b) Address 1467 Engelholm

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-41 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefountaine

18. (a) Signature of funeral director Jm Schumacher

(b) Address 3013 Meramec St.

19. (a) MAR 10 1941 (Date received local registrar) (b) J. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 8 year 1941 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 6, 1939, to March, 1941; that I last saw her alive on Mar. 3, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis — Duration about 2 yrs

Due to Diabetes Mellitus

Due to 61

Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Thea F. Reel (M. D. or other)

Address 7465 Hazel Date signed 3/8/40

(Licensed Embalmer's Statement on Reverse Side)

SEP 17 1949

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 Clarence Kochow, Registered Apprentice No. ....., working under my personal supervision.

Signed Clarence Kochow

Licensed Embalmer No. 3093

P. O. Address 3013 Meramec

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, fact should be so stated above.