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S. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23569**
Registrar's No. **5911**

DEC 28 1941
Registration District No. **1003**

Primary Registration District No. _____

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17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: **St. Louis City Hospital #1.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11 Days**
(Specify whether _____)
In this community **0**
years, months or days)

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. **1866 S. 11th. St.**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Jerry Lee Baggett**
3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **18**, year **1941** hour **6:25** minute _____ A. M.
21. I hereby certify that I attended the deceased from **July 8**, 19 **41** to **July 18**, 19 **41**; that I last saw him alive on **July 18**, 19 **41**; and that death occurred on the date and hour stated above.

4. 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: **May 30 1941**
(Month) (Day) (Year)

Immediate cause of death: **Malaria**
Subacute
Due to: **Cholera (non-specific)**
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
1 18 hr. _____ min.
9. Birthplace **St. Louis, Missouri** (City, town, or county) (State or foreign country)
10. Usual occupation **Child.**

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business _____
12. Name **Jack W. Baggett**
13. Birthplace **Arkansas** (City, town, or county) (State or foreign country)
14. Maiden name **Irene Jett.**
15. Birthplace **Missouri** (City, town, or county) (State or foreign country)
16. (a) Informant **Irene Baggett**
(b) Address **1866 S. 11th. St.**
17. (a) **Burial** (b) Date thereof **7-19-41.**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Friedens Cem.**
18. (a) Signature of funeral director **H. Leidner Und. Co.**
(b) Address **2223 St. Louis Ave.**
19. (a) **JUL 19 1941** (b) **A. Brudick**
(Date received local registrar) (Registrar's signature)

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 **Henry O. Schuch** (M. D. or Chiropr.)
Address **1515 Lafayette Ave.** Date signed **7/18/41**

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..... *Homer L. Ponder*

Licensed Embalmer No... *3367*

P. O. Address... *2223 St. Louis*

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.