

FILED JAN 26 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 82

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Forman Avenue
(If not in hospital or institution, write street number or location)

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

In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Affton 2
(If outside city or town limits, write "RURAL")

(d) Street No. Forman Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Myrtle Anna Baisch

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10th
year 1942 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 10, 1942 to Jan 10, 1942
that I last saw her alive on Jan 10, 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William C. Baisch 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased February 12th, 1892
(Month) (Day) (Year)

Immediate cause of death
Chronic arterio sclerosis
Hypertension

Due to Cerebral Hemorrhage

Duration 4 years

8. AGE: Years Months Days If less than one day

<u>49</u>	<u>10</u>	<u>29</u>	hr. min.
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Other conditions (include pregnancy within 3 months of death)
U3
O.S.A. 1

9. Birthplace Rolla Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Peter Hell

13. Birthplace Osage County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rosa Funke

15. Birthplace Rolla Missouri
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant William C. Baisch

(b) Address Forman Avenue, Affton, Mo.

17. (a) Burial (b) Date thereof Jan. 14-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Adam Simpson (M.D. or other) 11/1/42
Address 5439 Groves Date signed 11/1/42

18. (a) Signature of funeral director Beiderwieden F. Ho Inc.

(b) Address 1936 St. Louis Ave. St. Louis, Mo.

19. (a) JAN 13 1942 (b) C. H. Mc Larron
(Date received local registrar) (Registrar's signature)

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

76
9

Adam G. Youngman
5439
8-9 1-3 6-8

Ri 1340

MAR 22 1946

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.....

Licensed Embalmer No. 3737

P. O. Address 1986 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.