

FILED OCT 6 1942

State File No. _____

Registration District No. 184

Primary Registration District No. 500

Registrar's No. 1987

1. PLACE OF DEATH

(a) County ST LOUIS
(b) City or town OVERLAND
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3012 WISE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 27 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS
(c) City or town OVERLAND
(If outside city or town limits, write "RURAL")
(d) Street No. 3012 WISE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23
year 1942 hour 7:30 minute 0 M.
21. I hereby certify that I attended the deceased from Sept. 20 -
1942 to Sept. 23 - 1942
that I last saw her alive on Sept. 23 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia
Duration 3 days

Due to Rachnitis
Due to Organic Heart Disease

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? _____

While at work? _____ (Specify type of place) (e) Means of injury: _____
23. Signature F. L. Fisher (M. D. or other) M.D.
Address 9321 Midland Date signed 9-24-42

3. (a) PRINT FULL NAME CARRIE BAKER

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife OSCAR 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased: NOV 18 1866
(Month) (Day) (Year)

8. AGE: Years 45 Months 10 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace GALCONDA ILL
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEHOLD

11. Industry or business AT HOME

12. Name JOHN F BIRD

13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name ISABEL COLLINS

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

16. (a) Informant BERTHA SHIPP

(b) Address 3012 WISE OVERLAND

17. (a) REMOVAL (b) Date thereof 9-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GALCONDA ILL

18. (a) Signature of funeral director BAUMANN BROTHERS

(b) SEP 24 1942
19. (a) (Date received local registrar) (b) E. M. Durminger (Registrar's signature)

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

96
13
1

NOV 18 1954

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo.

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.