

FILED JUN 23 1944
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5342**

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3826 Sullivan Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community **Life**
years, months or days)

3. (a) PRINT FULL NAME **Pete Baggerman**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Minnie Baggerman** 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **October 23 1874**
(Month) (Day) (Year)

8. AGE: Years **69** Months **7** Days **17** If less than one day hr. min.

9. Birthplace **St. Louis Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Elevator Operator**

11. Industry or business **Municipal Court**

MOTHER FATHER

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Minnie Baggerman**

(b) Address **3826 Sullivan Ave**

17. (a) ~~Burial~~ (b) Date thereof **6 13 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Lebanon Cem**

18. (a) Signature of funeral director **Calvin F Feutz**

(b) Address **4828 Nat Bridge Blvd**

19. (a) **JUN 13 1944** **J. F. Bullock**
(Date received by local registrar) (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. **3826 Sullivan Ave**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **10** year **1944** hour **7** minute **P.M.**

21. I hereby certify that I attended the deceased from **Feb** 19**44** to **June** 19**44** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Atherosclerosis**

Due to **Cholelithiasis Cardio Vasc. Disease**

Other conditions **nasal Polypus**
(Include pregnancy within 3 months of death)

Major findings: Of operations **93rd** Of autopsy.....

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) (a) Means of injury.....
23. Signature **W. J. Street** (M. D. or other) **MD**
Address **2739 N. Grand** Date signed **6-12-44**

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

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..... *Howard Rowland*

Licensed Embalmer No. *3114*

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