

No. 2
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5-17-39
X 33697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10708

State File No. _____

Registrar's No. 690

FILED APR 1 1948
Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH
St. Louis
(a) County
(b) City or town Lemay
(c) Name of hospital or institution:
9512 Forbes ave.
(d) Length of stay: In hospital or institution.
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
Mo. St. Louis 96
(a) State (b) County
(c) City or town Lemay
(d) Street No. 9512 Forbes ave.
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME George R. Bakeman
3. (b) If veteran, name war No
3. (c) Social Security No. No.

4. Sex Male
5. Color White
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive 13 years 1854
7. Birth date of deceased August 13 (Month) (Day) (Year)

8. AGE: Years 91 Months 7 Days 7
If less than one day hr. min.

9. Birthplace Dowagiac Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

12. Name George Bakeman
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant L. W. Press
(b) Address 9512 Forbes ave. Lemay, Mo.
17. (a) Removal (b) Date thereof March 22, 46
(c) Place: burial or cremation Fayette, Iowa.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 S. Broadway St. Louis, Mo.
19. (a) 3/23/46 (b) 24 W. Kansas

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 20
year 1946 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from
March 11 1946 to March 20 1946
that I last saw him alive on March 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocarditis Chronic

Due to 93

Due to Chronic Bronchitis

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature [Signature] (M. D. or other)
Address Hotel Virginia Date signed 3/21/46

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

MOTHER FATHER

No. 1188 on 1/20/46

4661 E. Washington
No 2777

JUN 20 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 Virius C. Hoffmeister
Licensed Embalmer No. 3871
P. O. Address 7814 E. Broadway

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.