

No. 2  
-12-45  
-5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34709  
Registrar's No. 3190

FILED NOV 4 1946  
Registration District No. 317

Primary Registration District No. 3062

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

1. PLACE OF DEATH:  
(a) County ST. LOUIS  
(b) City or town BRENTWOOD  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2123 PARKRIDGE 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (years, months or days)

3. (a) PRINT FULL NAME CECILIA LOPEZ BAXTER  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 1 | 5. Color or race W  
6. (a) Single, widowed, married, divorced W 2  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased OCT 8 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 | 0 | 22 | \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ELIZABETH CITY N.C.  
(City, town, or county) (State or foreign country)

10. Usual occupation Nik

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name CYRUS W. GRANDY  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name FLORENCE CLOVER  
15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Rakt B. Gooch, Jr  
(b) Address 2123 Parkridge

17. (a) Burial (b) Date thereof 11-7-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Cem

18. (a) Signature of funeral director Louis N. Bopp, Inc  
(b) Address unknown

19. (a) 10-30-46 (b) Auth G Allen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County ST. L 96  
(c) City or town BRENTWOOD 9  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2123 PARKRIDGE 1  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30th  
year 1946 hour 5:45 minute \_\_\_\_\_ p.m.  
21. I hereby certify that I attended the deceased from  
October 6, 1946 to October 30, 1946  
that I last saw her alive on October 30, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration  
Hypostatic pneumonea 1 week

Due to \_\_\_\_\_  
Arteriosclerotic Heart Disease 1 yr

Due to \_\_\_\_\_  
Senility 932

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 \_\_\_\_\_

3. Signature Blaworth Will... (M. D. \_\_\_\_\_)  
Address 204 E Big Bend, Webster Date signed 10/31/46

JAN 2 1947

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..... *Felix Hurand* .....

Licensed Embalmer No..... *3034* .....

P. O. Address..... *Kutkwood (22)* .....

**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.**