S. No. 2
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v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 23 1947

Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4467

State File No. 22913

Registrar's No. 1185

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Valley Park
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Moll Nursing Home 4
(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)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")

(d) Street No. 35 S. Elm 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME Willis Jefferson Baird

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Jane Alexander Daugherty

6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased Sept. (Month) 1. (Day) 1856 (Year)

8. AGE: Years 90 | Months 9 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace Wesley (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Retired

11. Industry or business Grain Merchant

FATHER
12. Name Jefferson Young
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Mary Lucas
15. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Mrs. Lyman C. Huff

(b) Address 901 Maple Ave., Evanston, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Mittelberg Funeral Home

(b) Address 23 W. Lockwood, Webster Groves, Mo.

19. (a) 6-12-47 (Date received local registrar) (b) Cecil J. Sharp MD (Registrar's signature) MS

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th year 1947 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from Mar 15, 1947 to June 9, 1947 that I last saw him alive on June 7, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Cardio renal disease	9 hr
Due to Acute Cystitis	5 da
Due to 131	

Other conditions Hypertensive cardio renal disease Chronic cystitis
(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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature O. Seabaugh (M. D. or other) MD

Address Webster Groves MO Date signed 6/10/47

(Licensed Embalmer's Statement on Reverse Side)

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 Ivan M. Sizemore

Licensed Embalmer No. 4343

P. O. Address 7415 Zephyr Pl., Maplewood, 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.