S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 1 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30820

State File No. 8279

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Park Lane Memorial 0
(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 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 761 Ponce 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOSEPH O. BAQUET

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 328-03-2254

4. Sex male 0

5. Color or race white 1

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

6. (b) Name of husband or wife Josephine Baquet

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased September 23, 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
52	11	26	hr. min.

9. Birthplace Belleville, Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Baker

11. Industry or business

FATHER
12. Name Jacob Baquet 1
13. Birthplace France 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Soucci
15. Birthplace France 5
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine Baquet
(b) Address St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 23, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Illinois

18. (a) Signature of funeral director [signature]
(b) Address Belleville, Illinois

19. (a) SEP 21 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 19th
year 1948 hour minute 6:30P M.

21. I hereby certify that I attended the deceased from July 5, 1948, to Sept 19, 1948;
that I last saw him alive on Sept 19, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Embolism	3 days
Due to Carcinoma of prostate & intestines	4 mo +
Due to Primary Prostate	
Other conditions (Include pregnancy within 3 months of death) 51	

Major findings:
Of operations Carcinoma Multiple areas prostate, colon, rectum, bladder & liver
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 0

23. Signature Wm. A. Wright MD (M. D. or other)
Address 5201 N. Broadway St. Louis Date signed 9/21/48

(Licensed Embalmer's Statement on Reverse Side)

none.

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 Edgar A. Baldus

Licensed Embalmer No. 2846

P. O. Address Belleville, Ill

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.