

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 11 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

41249

State File No. _____
Registrar's No. 11330

Registration District No. 318

Primary Registration District No. 1003

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. of County _____
(c) City or town St. Louis
(d) Street No. 45 1/2
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME William Baggett
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

20. DATE OF DEATH: Month Dec day 8
year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____
; 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color White
6. (b) Name of husband or wife _____
7. Birth date of deceased _____
(Month) (Day) (Year)

IMMEDIATE CAUSE OF DEATH
Due to Chronic Decompensated Myocarditis
Due to Cirrhosis of Liver
Other conditions _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years _____ Months _____ Days _____
9. Birthplace _____
10. Usual occupation _____

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? _____

11. Industry or business _____
12. Name _____
13. Birthplace _____
14. Maiden name _____
15. Birthplace _____
16. (a) Informant Dr. S. C. Casper
(b) Address 1300 Clark
17. (a) _____ (b) Date thereof DEC 31 1948
(c) Place: burial or cremation _____

23. Signature _____
Address _____
Date signed _____

18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 4104 Manchester Ave
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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..... *Ralph W. Henson*

Licensed Embalmer No..... *3791*

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.