

FILED APR 15 1949

STANDARD CERTIFICATE OF DEATH

State File No. 3773
3110

318

1003

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
b. CITY OR TOWN St. Louis				a. STATE Mo.				
c. LENGTH OF STAY (In this place)				b. COUNTY St. Louis				
d. FULL NAME OF HOSPITAL OR INSTITUTION 4939 West Pine Blvd.				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis				
d. STREET ADDRESS 4939 West Pine Blvd.				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) Ren'e Bakewell			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH Apr. 5, 1949		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Aug. 6, 1864		9. AGE (In years last birthday) 84		
5. SEX M.		6. COLOR OR RACE W.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Robert Bakewell		13b. MOTHER'S MAIDEN NAME Nancy deLaurean		
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Miss Josephine Bakewell, 4939 W. Pine		
17. ADDRESS		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Cancer of neck				INTERVAL BETWEEN ONSET AND DEATH Aug. 48		
ANTECEDENT CAUSES		DUE TO (b)						
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)						
II. OTHER SIGNIFICANT CONDITIONS		None						
Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 4/2, 1949, to 4/4, 1949, that I last saw the deceased alive on 4/4, 1949, and that death occurred at 1:30 p. m., from the causes and on the date stated above.								
23a. SIGNATURE Robert E. Jay, M.D.				23b. ADDRESS 634 N. Grand Blvd.		23c. DATE SIGNED 4/6/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 7, 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 6 1949		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnell		ADDRESS 40 Lindell Blvd.		

Room 737
No. 7th. Bldg.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.