

FILED AUG 17 1949 STANDARD CERTIFICATE OF DEATH

State File No. 28777

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1317 PRIMARY REG. DIST. NO. 13069 Registrar's No. 1902

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>135 W. Monroe Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDRIS</u> b. (Middle) <u>MARIE</u> c. (Last) <u>BAYGENTS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 6, 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Nov. 7, 1920</u>		9. AGE (In years last birthday) <u>28</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>29</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Kirkwood, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Michael B. Shea</u>		13b. MOTHER'S MAIDEN NAME <u>Alma Dryer</u>		14. NAME OF HUSBAND OR WIFE <u>Roy Baygents</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roy Baygents, 135 W. Monroe Ave.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Eclampsia, postpartum</u> ANTECEDENT CAUSES DUE TO (b) <u>Pregnancy</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>  <u>1085X</u>	
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19a. DATE OF OPERATION <u>8/5/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Delivery of female infant</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>	

22. I hereby certify that I attended the deceased from 2/4, 1949, to 8/5, 1949 that I last saw the deceased alive on 8/6, 1949, and that death occurred at 3:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>She Mesuma</u> (Degree or title) <u>None</u>		23b. ADDRESS <u>4500 Olive</u>		23c. DATE SIGNED <u>8/8/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/9/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>8-8-49</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Clarke, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis H. Bopp, Inc. Kirkwood, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

96  
A

461  
819

*[Handwritten mark]*

VS  
JUL 22 1959

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.

Signed *Peter B. Dubrouillet*

Student Embalmer

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights*

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.